

**2021 MT. ZION CAMPS INFORMATION AND REGISTRATION FORM**

**\*\*\*\*\*READ CAREFULLY\*\*\*\*\***

**\$60 YOUTH CAMP**

**\$50 CHILDREN'S CAMP**

**RETURN REGISTRATION FORM AND PAYMENT AS SOON AS POSSIBLE.**

**COMPLETE ALL SECTIONS**

**PRINT CLEARLY**

CAMPER'S NAME:	AGE:	SEX:
STREET ADDRESS:	BIRTHDATE:	
CITY:	STATE:	ZIP CODE:
PARENT/GUARDIAN NAME:		
HOME PHONE NUMBER:		
FIRST EMERGENCY CONTACT NAME AND NUMBER:		
SECOND EMERGENCY CONTACT NAME AND NUMBER:		

**REGISTRATION OPTIONS:**

**NOTE: REGISTRATION FEE MUST BE SUBMITTED WITH THE REGISTRATION FORM.  
REGISTRATION FORMS WITHOUT PAYMENT WILL NOT BE PROCESSED UNTIL FEE IS RECEIVED.**

***Camper must be 13 years old by June 1***

<input type="checkbox"/> YOUTH CAMP (Ages 13-18)	(JUNE 7-11)	ENCLOSED \$60 REGISTRATION FEE
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***Camper must be 8 years old by June 1***

<input type="checkbox"/> CHILDREN'S CAMP (Ages 8-12)	(JUNE 15-18)	ENCLOSED \$50 REGISTRATION FEE
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**TEE-SHIRT**

**IMPORTANT: T-SHIRT DEADLINE IS MAY 21**

**If we have not RECEIVED your registration form by then you will not receive a shirt.**

YOUTH SIZES:	SMALL	MEDIUM	LARGE		
ADULT SIZES:	SMALL	MEDIUM	LARGE	X-LARGE	XX-LARGE

CAMPER'S HOME CHURCH:
CAMPER ATTENDS CHURCH (CIRCLE ONE):      WEEKLY      MONTHLY      RARELY

***MAKE CHECK PAYABLE TO MT. ZION BAPTIST YOUTH CAMP.***

**MAIL COMPLETED FORM AND REGISTRATION FEE TO CAMP REGISTRAR:**

***(If delivering by hand, put envelope at the front door with your name on it.)***

**LORI SHULTZ, 12601 NORTH ROUTE E, HARRISBURG, MO 65256**

**IF YOU WOULD LIKE EMAIL CONFIRMATION THAT WE HAVE RECEIVED YOUR REGISTRATION, PROVIDE YOUR EMAIL ADDRESS (PRINT CLEARLY):**

**COMPLETE MEDICAL INFORMATION ON BACK SIDE**

**PERMISSION STATEMENT AND MEDICAL, SURGICAL, LIABILITY WAIVER**

CAMPER'S NAME:

DOCTOR'S NAME AND ADDRESS:

DOCTOR'S PHONE NUMBER:

**INSURANCE**

CAMPER'S HEALTH INSURANCE COMPANY:

ID NUMBER:

GROUP NUMBER:

**MEDICAL HISTORY**

MEDICAL OR BEHAVIORAL CONDITIONS WHICH MAY IMPACT THE CAMPER'S STAY:

SEIZURES?    YES    NO

SUBJECT TO BEDWETTING?    YES    NO

PLEASE CHECK YOUR CHILD FOR HEAD LICE. IF HEAD LICE IS FOUND WHILE AT CAMP, YOUR CHILD WILL BE SENT HOME.

*IF CAMPER IS DIABETIC, HE/SHE MUST BRING HIS/HER OWN BLOOD GLUCOSE MONITORING MACHINE AND SUPPLIES.*

**MEDICATIONS**

PLEASE LIST ALL OF THE CAMPER'S MEDICATIONS (ALL MUST BE GIVEN TO CAMP NURSE UPON REGISTRATION):

DOES THE CAMPER HAVE AN EPIPEN PRESCRIBED:    YES    NO

IF SO, WHAT IS THE ALLERGY THAT REQUIRES USE OF THE EPIPEN?

ALLERGIES (PLEASE INCLUDE MEDICATIONS, FOODS, OR OTHER)

YEAR OF LAST TETANUS SHOT:

**MISCELLANEOUS**

IS THE CAMPER RESTRICTED FROM SPECIFIC ACTIVITIES? IF SO, PLEASE DESCRIBE:

ARE THERE ANY OTHER CONDITIONS WHICH MAY IMPACT THE CAMPER'S STAY?

\_\_\_\_\_ (camper's name) has my permission to attend the 2021 Mt. Zion Camp, and participate in all activities except as noted by me. He/she also has my permission to be transported by private automobile, driven by a responsible adult, to any off-site activities. I understand that he/she will remain in camp for the full session, unless excused by the camp director for medical reasons or family emergency. The camper will be under the supervision of camp personnel and is subject to camp regulations. I hereby give permission for the camp nurse to administer prescription or nonprescription medications as needed. In case of illness or injury, I approve of camp personnel taking my child/ward to the nearest medical facility for treatment. If I cannot be reached during a medical emergency, I give my permission for the Camp Director or camp representative of Mt. Zion Camp to select a physician and/or hospital for my child/ward. I give the physician and/or hospital as selected by the Camp Director or representative of Mt. Zion Camp my permission to hospitalize, treat, give x-rays, test, and to order injections, anesthesia, or surgery for my child/ward who is named herein. I do release, acquit, discharge, and covenant to hold harmless the Mt. Zion Baptist Camp, the Mt. Zion Baptist Assembly, and \_\_\_\_\_ (name of church you attend).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_