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**Registration Deadline:**

Final deadline **May 21 2020**

**Camp Fee: $110**

Mail Forms (page 1& 2) with and Payment to HBA (address on page 4)

REGISTRATION FORM

Harmony Baptist Association “Kids’ Kamp”

June 8-12, 2020

### 

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

CAMPER

Birth Date: \_\_\_ /\_\_\_ /\_\_\_ Age: \_\_\_\_\_\_ Male Female Grade for the 2019-2020 year\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( \_\_\_\_\_\_\_\_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone ( \_\_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contacts: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( \_\_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL

INFO

Please mark all that apply: Allergies:

Heart trouble Seizures Food

Asthma Diabetes Poison Sumac/Oak, Ivy

Dizziness Life Threating Allergy Insect Bite/Sting

Sinusitis Bronchitis Penicillin

Bronchitis Kidney Trouble Medicine allergies

Hay Fever Stomach Upset

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other information should we know regarding your child’s welfare (disabilities, restrictions, diets, destructive behavior, etc.)?

I give permission to treat the Camper with over-the-counter, non-prescription medication or applications, as recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, aches, cough etc.? Yes No

**Emergency treatment permission/cooperative agreement**

|  |  |
| --- | --- |
| Insurance  Carrier | Group  Number |
| Policy  Number | Insured’s  SSN |
| Insured’s Name  (First/Last) | Insurance Co.  Phone Number |
| Doctor | Dr. Phone Number |

|  |  |
| --- | --- |
| **Prescription Medicine**  **You take** |  |
|  |  |
|  |  |
|  |  |

As parent or guardian, I give permission for my child to attend camp. I hereby authorize and request any doctor, medical clinic, or hospital emergency room physician to administer emergency treatment, and to do any procedure in their judgment that may be necessary. I understand that the information on this form may be released to the appropriate medical personnel in case of emergency. I agree to pay any cost for medical care in the event of an emergency, even if I do not have health insurance coverage. I also hereby give permission to the Kabin Leader (and/or other member of the camp staff) to inspect the contents of any or all of my child’s personal belongings, and to withhold and/or dispose of any improper or illegal contents.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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ALL Medications, prescriptions and over-the-counter drugs must be brought in the original

bottle (in a labeled plastic bag) to the camp nurse at check-in.

**Permission Slip to participate in activities, for travel, and medical release**

I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_. I hereby approve and consent to them participating in any, and or all activities associated with Kids Kamp. This is to include the transportation to and from such activities. My permission is also granted for Kids Kamp to obtain necessary medical attention for my child in case of sickness, accident, or injury. I affirm that I have the legal right to issue such consent. In case of emergency, I understand every effort will be made to contact me.

**Date\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Release of Camper**

Harmony Baptist Association is responsible for every camper who attends “Kids’ Kamp.” Therefore, we must know how a camper is to be transported to and from camp. We must also know when a camper plans to leave camp early.

Should an emergency occur after camp starts, it is imperative that you personally speak with

(Sharon Newland or Keith Rowland) before you take your camper. Thanks for your cooperation.

Camper **will not** ride the bus to Heit’s Point Camp on June 8, 2020.

Camper **will not** ride the bus back to Sedalia on June 12, 2020.

**I authorize the following person(s) to pick up my child on Friday, June 12.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release Form**

I give permission to Harmony Baptist Association, its representatives and employees the right to take photographs of (camper’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I also authorize Harmony Baptist Association, its assignees and transferees to copyright, use and publish the same in print and/or electronically, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I do not give permission for (camper’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be photographed.

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I read and understand the Code of Conduct**

**T-shirt Order**

(circle one)

Youth: S (6-8) M (10-12) L (14-16)

Adult: S M L XL 2XL 3XL

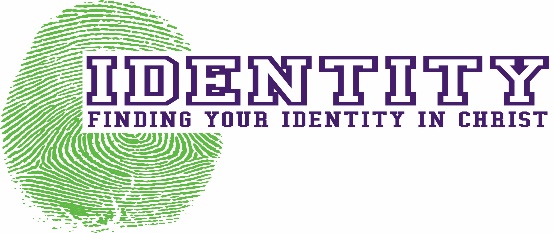
***and will be a good citizen at Kids Kamp.***

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kamper Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes, first time kamper. Guest of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CAMP INFORMATION SHEET**

**Date and Location:** June 8-12, 2020, Heit’s Point Camp, Lincoln, MO 65338

**“Kids’ Kamp” is for:** Boys and girls who have completed Grades 3 through 6

(2019-2020 school year).

**Theme: “Identity, Finding your identity in Christ”**

**Camper Registration and Camp Fee:**

Camp Fee is $110.00 and includes registration, lodging, transportation, meals, and t-shirt.

**Final Registration date is May 21, 2020 at 4:00 PM.**

No refunds will be made after Monday, May 25, 2020.

***Mail Payment and Camper Registration Form to:***

***Harmony Baptist Association, P O Box 1810, Sedalia Mo 65302***

**Check-In: Meet at East Sedalia Baptist Church at 9:30am.**

Buses/Vans will leave East Sedalia Baptist Church, 1019 East 5th, on **Monday, June 8 at 10:30am.**

Buses/Vans will return to East Sedalia Baptist Church on **Friday, June 12** **around 11:00am.**

**What to Bring:**  **Please label everything.** Towels, soap, toothbrush, toothpaste, pillow, sheet (fitted twin) and blanket or sleeping bag, notebook, pen, shoes for showers, and Bible. Clothes for worship and play, swimsuit **(two piece is not permitted),** large mug or squeeze bottle, rain gear, sunscreen and money for missions offering. Shorts must be mid-thigh. Flip-flops for shower only!

(The received offering will be used for missions.)

A gift shop is available.

*Please note****: Due to the anticipated attendance, each camper and worker is limited to 2 (two) bags of luggage (medium size 26” X 20”)plus bedding. This will be strictly enforced****.*

**Medicines: All medications must be in a zip lock bag with the name of the camper in big print.**

**Medicines must be in the original container** with the pharmacy name and name of doctor on the label.

**Medicines must be picked up when the camper returns on Friday, June 12.**

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**Rules for Kids Kamp**

1. Each camper must be sponsored by one of the churches in the association.
2. Each camper must be within the age range specified for each camp.
3. Each camper must pay the camp fee.
4. Each camper is expected to stay during the entire camping period, except for illness, injury or other emergency.
5. No camper shall leave the camp except in the care of parents or other authorized person.
6. Each camper is expected to participate in all guided activities of the camp, except those disallowed by the parents or guardian.
7. Each camper must present a registration form properly completed and endorsed by parent or guardian.
8. Each camper will be assigned to a group of his/her age level. No reassignments are to be made except by permission of the Camp Director.
9. All campers must be released by the Camp Director.
10. Campers are allowed to receive mail. Please address envelopes as follows: *Camper’s Name*, Harmony Baptist Association, Heit’s Point Camp, 28345 Heit’s Point Avenue, Lincoln, MO 65338. Please do this three days before camper goes to camp on Monday.
11. Send e-mail letters to campers at this web site – www.heitspoint.com before noon on Thursday, June10, 2020.
12. No phone calls, please. **The emergency phone number is 1-660-668-2363**

**2020 CODE OF CONDUCT**

1. All campers are to conduct themselves in a respectable and responsible manner at all times.
2. Keep rooms, cabins and grounds clean.
3. Bikini swim suits, short shorts, short running shorts, bare midriff shirts and clothing with suggestive or obscene writing are unacceptable and will not be allowed. Shirts that advertise ideas or products contrary to Christian values (beer or alcoholic beverage, Satanic symbols, etc.) will not be allowed.
4. Campers should stay out of Dining Hall, unless otherwise instructed.
5. Leave all electronic devices, games, etc. at home. Come enjoy and see God’s creation!

6. Fireworks, matches, use of tobacco products, drugs (except as prescribed for medication) or

alcoholic beverages are not permitted.

7. The camper, not cooperating with the camp program and causing undue disturbances, will

be sent or taken to his/her home, or his/her parents notified to come and pick up camper.

**Harmony Baptist Association**

PO Box 1810

Sedalia, MO 65302

(660) 826-2070

Office **hours**: Tuesday-Thursday

9:00 am to 4:30 pm

Website: hbamo.org

Email: hbaoffice@iland.net

**Registration deadline**

**May 21, 2020**