

SANDY CREEK BAPTIST ASSOCIATION CAMPS – 2017

CAMPER FORM

CAMP FEE: \$85.00

YOUTH CAMP _____ CHILDREN'S CAMP _____

Name of Camper _____ Birth Date _____ Age _____ Gender: M / F

Grade Last Completed _____

Address _____ City _____ Zip _____

Parent/Guardian _____

Day Phone _____ Evening Phone _____

EMERGENCY CONTACTS – please list two:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Church camper attends _____ Church member: yes / no

Church group with which camper came (if different) _____

Church Contact Person _____ Phone # _____

Please indicate the appropriate T-shirt size:

Child _____ M _____ Lg

Adult _____ S _____ M _____ Lg _____ XL _____ XXL _____ XXX

Please indicate the method of payment:

_____ Payment is included

_____ Church will pay. Please indicate which church: _____

I give permission for my child's picture to be used for promotional publications including but not limited to flyers, newsletters, social media and the Sandy Creek Baptist Association Facebook page.

Signed _____ Date _____

(Parent/Guardian)

I agree that my child will abide by the rules for Sandy Creek Camps. I understand that the Camp Director will contact me to come get my child if rules continue to be broken. I give my permission for the Camp Director and a counselor to search my child's luggage if disallowed items are suspected.

Signed _____ Date _____

(Parent/Guardian)

I _____ agree to abide by the rules of the camp.

(print the name of camper)

_____ (signature of camper)

**Return this completed registration form AND THE COMPLETED MEDICAL FORM by July 1st to:
Camp Committee, Sandy Creek Baptist Association, P.O. Box 199, Murrayville, IL 62668**