



Heartland Baptist Association

Cabin _____

CAMP LIFE (Completed Grades 6-12)

June 15-19, 2026

CAMPER REGISTRATION FORM

(MUST BE COMPLETED BY PARENT OR GUARDIAN: NOT BY THE CAMPER)

Please use **dark ink** when completing this form and **print** clearly! Turn this form into your church.

The church must have **ONLINE** registration completed by the **Deadline Date of May 24, 2026**.

Registration Forms and Camp fees **due at Camp**.

Camp fee of \$160, includes your T-shirt and a snack shack ticket.

NAME _____ M ___ F ___ Age ___ Birth Date ___/___/___ Grade Completed
6 7 8 9 10 11 12

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ CHRISTIAN? Yes No CHURCH MEMBER? Yes No

CHURCH NAME & LOCATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

T-Shirt Size: S M L XL 2XL 3XL

CAMPER MEDICAL INFORMATION

(MUST BE COMPLETED BY PARENT OR GUARDIAN: NOT BY CAMPER)

CHECK AND COMMENT ON ALL THAT APPLY:

ALLERGIES:

_____ Penicillin _____ Bee / insect sting _____ Sulfa / other drugs _____ Poison ivy
_____ Sunburn easily _____ Tetanus shot _____ Aspirin / Tylenol _____ Hay fever
_____ Other (list) _____

HAS HISTORY OF/UNDER MEDICAL CARE FOR:

_____ Heart trouble _____ Tonsillitis _____ Skin disorder
_____ Epilepsy / seizures _____ Appendicitis _____ Bronchitis
_____ Hernia _____ Nervous disorder _____ Athletes Foot
_____ Stomach Ulcer _____ Asthma _____ Diabetes
Recent injury or illness _____ Other (Explain) _____

SUBJECT TO:

_____ Homesickness _____ Toothaches _____ Cramps _____ Earaches
_____ Convulsions _____ Hyperactivity _____ Sore throat _____ Fainting
_____ Headaches _____ Cold / pneumonia _____ Nosebleeds
_____ Sleepwalking _____ Swimmer's ear _____ Afraid of dark
_____ Exhaustion _____ Moody periods _____ Stomach / digestive disorders
_____ Other (Explain _____)

FOR GIRLS ONLY:

Has she been told about menstruation? _____ Has she started menstruation? _____ Will she have her period during camp? _____

LIST ANY ACTIVITIES CAMPER SHOULD NOT PARTICIPATE IN: _____

(The remainder of this form is found on the back of this page. Please complete all required information.)

MEDICATIONS REQUIRED WHILE AWAY FROM HOME, PLEASE LIST AND DOSAGE!

Name of medication _____

For _____

Instructions _____

(All medications should be checked in with the camp nurse. Medication must be in original container)

Any medications that should NOT be given? _____

Date of last Tetanus shot ____/____/____ Other shots up-to-date? Yes No

FAMILY PHYSICIAN _____ PHONE () _____

NAME OF INSURANCE CARRIER _____ POLICY # _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

MEDICAL RELEASE: I (we) have provided complete and accurate information about this camper on both Registration Form and Medical Information Form and understand that, in the event medical treatment is required, every effort will be made to contact me(us) or the other person named below. However, if I(we) cannot be reached, I(we) give permission to the staff or sponsor to secure the medical services deemed necessary to provide for this camper's well being. I(we) also understand that the insurance provided by Grand Oaks Baptist Assembly, Inc. is a limited supplemental policy covering only injury or accidents occurring during the event at Grand Oaks, and will only be used to supplement the family insurance. I(we) also understand that any or all of this information may be used by the Camp Director, Camp Nurse, or Cabin Leader. I (we) also have read the attached General Information Sheet and agree to its contents.

BOTH PARENTS OR ALL LEGAL GUARDIANS MUST SIGN THIS FORM!

PARENTAL/GAURDIAN INFORMATION

NAME _____ RELATIONSHIP _____

Please Print

IS THE FOLLOWING ADDRESS THE SAME AS THE ABOVE-NAMED CAMPER? _____ YES _____ NO

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____

WORK PHONE () _____ E-MAIL ADDRESS _____

Signed _____ Sole Guardian/Parent: _____ YES _____ NO Date ____/____/____

NAME _____ RELATIONSHIP _____

Please Print

IS THE FOLLOWING ADDRESS THE SAME AS THE ABOVE-NAMED CAMPER? _____ YES _____ NO

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL PHONE () _____

WORK PHONE () _____ E-MAIL ADDRESS _____

Signed _____ Date ____/____/____