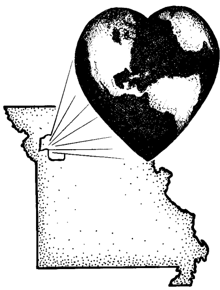

CAMP POSITION ___________________

Heartland Baptist Association

CAMP LIFE

ROOM ASSIGNED _____

June 15-19, 2026

CAMP STAFF/CABIN LEADER
REGISTRATION FORM

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 Form, Church Recommendation Form, and Camp Fees are **due at Camp**.
Staff/Cabin Leader Fee **$140**. This includes your T-shirt and a snack shack ticket.

NAME____ M____ F____ AGE_____ BIRTH DATE _____/_____/______

ADDRESS______________________________ CITY _____________________ STATE _______ ZIP _______________

EMAIL ADDRESS____

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

CHURCH NAME & LOCATION____

ADDRESS______________________________ CITY _____________________ STATE _______ ZIP _______________

HAVE YOU EVER SERVED IN CAMP BEFORE? _______ IF SO IN WHAT POSITIONS? ______________________________

HAVE YOU EVER BEEN FORMALLY CHARGED WITH CHILD ABUSE, SEXUAL ABUSE OR ASSAULT OR ANY OTHER CRIMINAL OFFENSE THAT CAMP LEADERSHIP SHOULD BE AWARE OF? Yes No

If yes, explain____

ARE THERE ANY ACTIVITIES IN WHICH YOU COULD NOT HELP OR PARTICIPATE? (Explain)

____

IN CASE OF EMERGENCY, NOTIFY:

NAME ____ RELATIONSHIP ______________________________

ADDRESS__________________________________ CITY ____________________ STATE _______ ZIP _______________

HOME PHONE ( )_________________________ WORK PHONE ( )_____________________________

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

THANK YOU GIVING THIS WEEK TO HELP
CHANGE THE LIVES OF SOME YOUNG PEOPLE.

As an officer of ______________________________________ (Church Name), I verify that our Church has approved this individual to serve at our Associational Camp the summer of 2026, and has performed a Background check within the past three years as required by Grand Oaks Baptist Assembly Executive Board.

Signed: ______________________________________

(Circle one) **Church Clerk Moderator Pastor**

Medical Form on the backside of this page must be completed and signed.

STAFF/CABIN LEADER MEDICAL INFORMATION

NAME ____

CHECK AND COMMENT ON ALL THAT APPLY:

ALLERGIES:

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

HAS HISTORY OF/UNDER MEDICAL CARE FOR:

_____ **Heart trouble** _____ **Tonsillitis** _____ **Asthma** _____ **Epilepsy/seizures**
_____ **Appendicitis** _____ **Hernia** _____ **Bronchitis** _____ **Diabetes**
_____ **Nervous disorder** _____ **Athletes foot** _____ **Stomach ulcer** _____ **Skin disorder**
_____ **Other (Explain)** ______________________

SUBJECT TO:

_____ **Cramps** _____ **Convulsions** _____ **Sore throat** _____ **Headaches**
_____ **Nosebleeds** _____ **Earaches** _____ **Fainting** _____ **Toothaches**
_____ **Swimmer's ear** _____ **Cold/pneumonia** _____ **Stomach/digestive disorders**
_____ **Other (Explain)** ______________________

MEDICATIONS REQUIRED WHILE AWAY FROM HOME

Name of Medication ____

For ____

Instructions ____

____

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

Any medications that you CANNOT TAKE? ____
(aspirin, cough drop, etc.)

FAMILY PHYSICIAN_________________________________ **PHONE (_______)** __________________________________

NAME OF INSURANCE CARRIER ____

POLICY # ___________________________ **MAILING ADDRESS** ____

MEDICAL RELEASE: I have provided complete and accurate information about myself and understand that, in the event medical treatment is required, and I cannot speak for myself, every effort will be made to contact the person listed in case of emergencies. However, if they cannot be reached & I cannot give my permission, permission is given to the staff to secure the medical services deemed necessary to provide for my well being. I 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 also be used only to supplement the family insurance.

I HAVE ALSO READ AND UNDERSTOOD THE INFORMATION SHEET PROVIDED WITH THIS FORM AND AGREE TO ITS CONTENTS. LIKEWISE, I HAVE APPROVED THE BACKGROUND CHECK CONDUCTED BY MY CHURCH.

Signed ____ **Date** _____/_____/_____

(This form last revised on 3/8/26 DN)