

Office use only:

GROUP/ROOM \_\_\_\_\_ PAID \_\_\_\_\_



# Grand Oaks' INTRODUCTION TO CAMPING

June 19-20, 2026 for children who have completed grades 1-3

## CAMPER/STUDENT REGISTRATION FORM

**Your church must have this form and registration fee of \$30 per person SENT TO Grand Oaks Camp (9463 State Hwy 190 Chillicothe, MO 64601) by JUNE 12, 2026.**

**THERE WILL BE NO LATE REGISTRATIONS ALLOWED**

**Please use blue or black ink pen only, print clearly:**

NAME \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_ Grade just completed: 1 2 3

ADDRESS \_\_\_\_\_ Phone (       ) \_\_\_\_\_

CHRISTIAN? \_Y / N    CHURCH MEMBER? Y / N    BAPTIST ASSOCIATION: \_\_\_\_\_

CHURCH NAME & CITY/TOWN \_\_\_\_\_

ACTIVE IN: S.S.? \_\_\_\_\_ Church ? \_\_\_\_\_ G.A.'s ? \_\_\_\_\_ R.A.'s ? \_\_\_\_\_ Awanas ? \_\_\_\_\_ TeamKid? \_\_\_\_\_ Other?: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
Please Print

ADDRESS \_\_\_\_\_ PHONE(       ) \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_

ALT PHONE (       ) \_\_\_\_\_ ALT PHONE (       ) \_\_\_\_\_

**IF PARENTS/GUARDIANS CAN'T BE NOTIFIED-Second Party to Notify:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
Please Print

ADDRESS \_\_\_\_\_ PHONE (       ) \_\_\_\_\_

Are There Any Activities in Which You Could Not Participate? (Explain)

\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Parent(s)/Leader(s) attending with you:

**Medical Form on the backside of this page must be completed and signed by both parents or legal guardians.**

# MEDICAL INFORMATION

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

CAMPER 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                       Skin disorder                       Asthma  
 Epilepsy/seizures                       Appendicitis                       Bronchitis                       Diabetes  
 Hernia                       Nervous disorder                       Athletes foot                       Other (Explain)  
 Stomach ulcer                      Recent injury or illness \_\_\_\_\_

SUBJECT TO:

Homesickness                       Cramps                       Convulsions                       Sore throat  
 Headaches                       Nosebleed                       Earaches                       Sleepwalking  
 Exhaustion                       Fainting                       Toothaches                       Swimmer's ear  
 Hyperactivity                       Bedwetting                       Cold/pneumonia                       Stomach/digestive disorders  
 Afraid of the dark                       Other (Explain): \_\_\_\_\_

MEDICATIONS REQUIRED WHILE AWAY FROM HOME: PLEASE PUT ALL MEDICINE IN ORIGINAL BOTTLES

Name of medication \_\_\_\_\_

For \_\_\_\_\_

Instructions \_\_\_\_\_

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

Any medications that should NOT be given? \_\_\_\_\_

Date of last Tetanus shot \_\_\_/\_\_\_/\_\_\_                      Other shots up-to-date? \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE(        ) \_\_\_\_\_

NAME OF INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

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 above. 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) have also read the attached General Information Sheet and agree to its contents.

**BOTH PARENTS OR ALL LEGAL GUARDIANS MUST SIGN THIS FORM!**

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(This Form last revised on 5/3/2026-GRP)