

REHOBOTH BAPTIST ASSOCIATIONAL YOUTH CAMP REGISTRATION FORM

Boys (ages 13-Graduating Seniors) July 7-11
Girls (ages 13-Graduating Seniors) July 14-18

Boys (ages 9-12) July 21-25
Girls (ages 9-12) July 28-Aug 1

TIME OF ARRIVAL:
Monday at 9AM

TIME OF DEPARTURE:
Friday at 9AM

PLEASE PRE-REGISTER TO MAKE SURE YOU HAVE A PLACE!!

The cost of camp per child is \$45 if pre-registered by June 15 and \$55 for onsite registration. Certain scholarships are available through local churches of the Rehoboth Baptist Association. Camp pictures are available for \$8 and will be mailed to you after camp.

I, _____, express my sincere desire to attend the Rehoboth Associational Youth Camp during the week of _____. I will send this form along with payment to: **REHOBOTH BAPTIST ASSOCIATION**
716A E 1700 Ave
VANDALIA, IL 62471

Campers Signature _____ Date Of Birth _____ Age _____

Church Member Y/N Where _____ Or closest church _____

Camper Complete Address _____

CITY _____ ZIP CODE _____

Phone Number _____

Parent/Guardian _____

Address _____

Phone _____

By signing the camp registration I am giving my permission for my child to participate in all camp activities including but not limited to: swimming, boating, climbing, team challenge courses, and shooting sports, and to have their pictures taken and used for publicity purposes for Rehoboth Baptist Camp, unless otherwise noted.

Parent Signature _____ Date _____

BUDDY _____ (SEE BACK OF FORM)

PLEASE TAKE NOTICE

Buddy System Regulations:

- Must be the same age/grade
- Must pre-register together
- No more than 2 campers
- THERE WILL BE **NO** COUNSELOR REQUESTS

HEADLICE CONTROL

NO NIT POLICY. Any camper with nits will be sent home. It is requested that each camper resolve any headlice problems before attending camp. It is important that hair be combed out in detail to prevent re-infestation. Please have respect and contain exposure to other campers before registration.

NO PERSONAL COOLERS

- Coolers will be provided.
Soda, water, and Kool-aid are provided in adequate amounts at camp.
Campers may bring drinks, but they will be placed in the cabin cooler.

PARENTAL VISITS

Parents visits are **discouraged**. Parental visits interrupt the camp schedule and increase bouts of “home-sickness.” The camp staff will notify you if a need arises.

If child needs to leave for any mandatory reasons (practice, games, work, dr. apt., etc) please notify the director at registration.

REHOBOTH BAPTIST ASSOCIATIONAL YOUTH CAMP

(Located 5 miles south of Ramsey, 7 miles north of Vandalia on Rt 51)

(618)423-9372

Boys (ages 13-Graduating Senior) July 7-11

Boys (ages 9-12) July 21-25

Girls (ages 13-Graduating Senior) July 14-18

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TIME OF ARRIVAL: Monday 9AM

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PLEASE PRE-REGISTER TO MAKE SURE YOU HAVE A PLACE!!

CAMP RULES

1. Registration is a promise to obey ALL CAMP RULES.
2. Modest clothing is expected.
 - ✓ No clothing with obscene pictures, slogans, or advertisement.
No visible undergarments to be seen (no sheer shirts, skirts or shorts)
 - ✓ Modest swimwear or t-shirt over suits
 - ✓ Please bring clothing appropriate for nightly worship services.
 - ✓ Please bring close toed shoes.
3. No cell phones, matches, knives, tobacco, MP3 players, or unchristian literature allowed.
4. ALL medicines that a child brings to camp is to be given to and distributed by the Camp Nurse.
5. Each camper should bring the following items **ONLY**:
 - ✓ A Bible
 - ✓ Pencil and paper
 - ✓ Bedding/pillow
 - ✓ Light jacket
 - ✓ Toiletry items/bath linens
 - ✓ Comfortable clothing and recreation clothing
6. No Pranks-ZERO TOLERANCE
7. DO NOT bring any airsoft bullets to camp, this is not allowed and will not be tolerated.

Camp staff reserves the right to search all luggage, bedding, etc. and to hold all unauthorized items.

Registration is a PROMISE to stay the entire week. PLEASE make Doctor, Dentist, and other appointments at other times.

PICTURE ORDER FORM

I would like a group picture at the price of \$8 per picture, payable with the registration form. **Scholarship does NOT cover cost of picture.**

Name_____

Address_____

This form should accompany registration form.

EVERY CAMPER WILL RECEIVE A FREE T-SHIRT. PLEASE FILL OUT FORM BELOW
TO RECEIVE SHIRT.

Camper's Name_____

Attending week : Younger Boys Younger Girls Older Boys Older Girls

Check appropriate size below:

Youth

Adult

Small _____

Medium _____

Large _____

REHOBOTH BAPTIST CAMP
716A E 1700 AVE
VANDALIA, IL 62471

REHOBOTH BAPTIST CAMP
MEDICAL FORM

Please fill out all information below to the best of your ability, so that we will be able to take the best care of your child.

CAMPERS INFORMATION:

Name: _____ DOB _____

Address: _____

Phone Number _____

PARENT/GUARDIAN INFORMATION:

Name: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____

EMERGENCY CONTACTS:

Name: _____ Home Phone _____

Cell Phone: _____

Name: _____ Home Phone _____

Cell Phone: _____

MEDICAL INFORMATION:

Medical Doctor: _____ Phone: _____

(OVER)

ALLERGIES:

Medications: _____

Insect/bites(bees, wasps, etc.) _____

Foods(Peanuts, strawberries, etc.) _____

Latex: _____

Plants(poison ivy, etc.) _____

IMMUNIZATIONS:

Are your child's immunizations up to date? YES NO

Last Tetnus: _____

Below is a list of medical problems, please check yes or no to the following:

	YES	NO
Asthma	_____	_____
ADHD	_____	_____
Cancer/Leukemia	_____	_____
Seizures/epilepsy	_____	_____
Diabetes	_____	_____
Heart trouble	_____	_____
High Blood Pressure	_____	_____
Over heats easily	_____	_____
Sleep Walks	_____	_____
Bed Wetting	_____	_____
Other: _____		

Please explain why you marked YES: _____

REHOBOTH BAPTIST CAMP
PERMISSION TO ADMINISTER MEDICATIONS

I, the parent/guardian of _____ give my permission to the camp Health Care Provider of his/her designate to give the following medications (or their generic equivalents) to my child, in accordance with recommended package dosing for the specific indications below. These medications are available at the camp and CAMPERS NEED NOT BRING THEM TO CAMP.

PLEASE CHECK BELOW WHAT YOUR CHILD IS ALLOWED TO RECEIVE.

	YES	NO
Tylenol: Mild fever or discomfort	___	___
Ibuprofen/Motrin: Mild fever or discomfort	___	___
Throat Lozenges: Cough/sore throat	___	___
Topical Creams: Itching, sunburn, or Insect bites	___	___
Benadryl: Allergy symptoms	___	___
Antacid (Tums, Pepto-Bismol):upset stomach	___	___
Anti-diarrheal: for diarrhea	___	___
Sunscreen: Sunburn protection	___	___
Insect Repellent	___	___

Signature of Parent/Guardian: _____ Date: _____

Please list all medications (including over the counter or non- prescription drugs)taken routinely. Bring enough medication to last the entire week of camp. Please keep the medication in its ORIGINAL PACKAGE/BOTTLE that identifies the name of the medication, the dosage and the frequency of administration.

I, the parent/guardian of _____ give my permission to the camp Health Care Provider or his/her designate to give the following medications to my child.

Med#1_____	Med#7_____
Med#2_____	Med#8_____
Med#3_____	Med#9_____
Med#4_____	Med#10_____
Med#5_____	Med#11_____
Med#6_____	Med#12_____

ALL MEDICATIONS BROUGHT TO CAMP MUST BE IN THE ORIGINAL CONTAINERS!!

Signature of parent/guardian: _____ Date: _____