

CBA Children's Camp Registration

NAME: _____
 ADDRESS: _____
 CITY: _____ IL ZIP: _____
 AGE: _____ BIRTH DATE: ___/___/___ MALE/FEMALE
 GRADE (just completed): _____ Adult T-shirt size: S M L XL XXL
 PARENT/GUARDIAN: _____
 PHONE: (Home) _____ (cell) _____
 SPONSORING CHURCH: _____
 CITY: _____ PASTOR: _____
 Applied for Scholarship: ___ Yes Date sent: _____

If possible, I would like to room with (Names or church):
 1st choice. _____ 2nd choice. _____

Transportation to Camp needed? Yes No
 If yes, your preferred pick up point would be: ___ Arthur ___ Atwood
 ___ Sullivan ___ Decatur ___ Shelbyville

The deadline for COMPLETED early registrations is July 1st.
 For your convenience 1/2 of fee may be sent with registration,
 remaining amount due at time of Camp.

Churches, please return this form to: **Central Baptist Association**
1255 S. Lake Ridge Ave.
Decatur, IL 62521

Fax (217) 428-1730 but you must call before faxing so the machine can be started, or
 Fill out online at www.cbadeccatur.com under CAMP REGISTRATION 2011

For Office Use Only: Date received: _____
 ___ Registration & ___ Deposit Received Scholarship: _____
 ___ Money Paid By: Cash Check ___ Church Paid By: Cash Ck
 Notes:
 Name on check: _____

Camper Health Information

Name: _____ Age: _____
 Emergency Phone #: _____ & Name: _____
 Medications Presently Taking: _____

(Note: All medications are to be given to Camp Nurse at start of Camp. All meds will be administered by Camp Nurse. Please place meds in a plastic ziplock bag with child's name, dosage + other needed information, in or on the bag.)

Allergies: ___ Bees ___ Foods: _____
 ___ Highly Susceptible to Poison Ivy ___ Other: _____

Special Diet: _____
 Other Important Health Information or Limitations/Handicaps:

Instructions: _____

Insurance Company: _____
 Policy #: _____
 Doctor: _____ Phone #: _____

Medical Emergency / Permission Slip

I, _____, (parent/guardian) of _____, do hereby give my permission to attend the CBA Summer Camp at Maranatha Campgrounds the week of July 18-20, 2011. I understand that every safety precaution will be made to protect all campers. However, in the event of a medical emergency that requires attention beyond that of the Camp Nurse, I give my permission for the staff and leaders of the camp to seek medical attention for my child as deemed necessary.

 Parent/Guardian Signature Date