

Tallapoosa Baptist Camps

Theme: Following Jesus

Camp Pastor: Jeremy Simpson

YOUTH CAMP (for those who have completed grades 7-12)

KIDS CAMP (for those who have completed grades 3-6)

JULY 13-16 (Thursday-Sunday)

We've added an EXTRA DAY!!!

@ Camp Alamisco

(On beautiful Lake Martin, Off Hwy 34, Dadeville)

COST: \$95 – SAVE \$10 if registered by 6/23

Registration Deadline: June 30

Registration is limited & on 1st come/1st serve basis!

Worship

Kayaks

Campfire

Swimming

Crazy
Games

A ministry of the Tallapoosa Baptist Association

For more information, please call 256-825-4441

Registration Forms available at www.tallapoosabaptist.org

IMPORTANT CAMP INFORMATION

INSTRUCTIONS – Complete pages 1 & 2, have page 3 notarized, & send all 3 along with your payment to TBA, PO Box 130, Jackson's Gap 36861 or bring them to our office at 13103 Hwy 280, Jackson's Gap. Page 4 is to be filled out & brought to camp with the camper & the medication. **KEEP THIS PAGE!!!**

CHECK IN: Thursday, July 13 from 6:30-7:15pm

NOTE: Campers should eat dinner **BEFORE** they come to camp. We will have an evening snack.

CHECK OUT: Sunday, July 16 at 1:00

DIRECTIONS TO CAMP – From Hwy 34, turn on Camp Alamisco Road.

WHAT TO BRING:

Bible!

Clothing – (Please label all clothes & personal items with camper's name or at least initials!!!) Sports clothes are appropriate for all activities. Campers should dress comfortably, casually, & modestly. Please, no short shorts, halter-tops, or spaghetti straps. They will need a t-shirt to wear over their swim suit. **NOTE:** Counselors have the discretion to require a camper to change clothes if they consider them inappropriate or turn a shirt wrong side out if the message is considered inappropriate.

Shoes – Everyone should have a pair of **tennis shoes** for recreation & certain activities. Sandals or other flats can be worn at other times. Flip-flops are recommended for showering.

Personal Items – Toothbrush, toothpaste, shampoo, deodorant, soap, etc.

Linens – Twinsheets & blanket or sleeping bag, pillow, towel, washcloth.

Miscellaneous – Flashlight, rain gear (optional).

Medications – All medicines the camper needs **must** be brought in **original package** & given to the camp nurse at the time of registration.

WHAT NOT TO BRING:

- **cell phones**, iPods, CD players, walkmans, game boys, etc.
- firearms, laser pointers, or weapons of any kind
- alcohol, tobacco, or drugs
- electric fans (cabins are air-conditioned)
- money – everything (including snacks) is included in the registration price

In order to protect your son/daughter, each camper will be screened for lice prior to admission to camp. If lice (in any stage) are detected, the camper will NOT be allowed to attend camp.

TALLAPOOSA BAPTIST CAMP REGISTRATION FORM

REGISTRATION

Camper's Name _____

Circle T-shirt size: Youth M(10-12) L(14-16) Adult S M L XL 2X

Sex: Male Female Age _____ Date of Birth _____ Grade Completed _____

Address _____ City _____ State ____ Zip _____

Church Affiliation _____ City _____

Parent/Guardian _____

Home Phone _____ Work or Cell Phone _____

Parent's E-mail _____

If not available, in case of emergency notify:

Name _____ Phone # _____ Relationship _____

INSURANCE INFORMATION

Carrier/Plan Name _____

Name of Insured _____ Group/ID # _____

PICK-UP INSTRUCTIONS FOR CAMPERS

The following people have my permission to pick-up my son/daughter:

1. _____
2. _____
3. _____

The following person or persons may NOT pick-up my son/daughter:

1. _____
2. _____

In order to protect your son/daughter, each camper will be screened for lice prior to admission to camp. If lice (in any stage) are detected, the camper will NOT be allowed to attend camp.

MEDICAL INFORMATION

Please list all medications the camper will bring to camp. Use additional page if needed.

Name of Medication	Dose	How often?	Time(s)	Name of Medication	Dose	How often?	Time(s)

List any medical history we should be aware of (such as seizures, asthma, etc) _____

List any diet or activity restrictions _____

Allergies (including food): _____

OVER THE COUNTER MEDICATION ADMINISTRATION

Camp Nurses or other licensed medical personnel must have parents' permission before any OTC medications are given to your child. Below is a list of medications that will be provided to the camper with your permission at no charge to the camper. Circle Yes or No beside each group and sign below.

Yes No Tylenol or Ibuprofen (Motrin, Advil, Aleve) – for elevated temperature, headache, menstrual cramps, or minor aches and pains

Yes No Benadryl – Allergic reactions, allergies (runny nose & other cold symptoms)

Yes No Pepto Bismal or Maalox – for diarrhea, indigestion or stomach pain

Yes No Robitussin DM and/or Chloroseptic lozenges – for cough and sore throat

Yes No Bacatracin ointment and Betadine – for minor cuts and open wounds

Yes No Cortaid lotion or cream or Caladryl/Calamine lotion or cream – for poison oak or ivy and insect bites

YES - My child, _____ has my permission to have the above medications that I marked "Yes" administered to him/her for the listed conditions.

Parents' signature: _____

NO – My child, _____, does not have my permission to have any of the above medications administer to him/her for the listed conditions.

Parents' signature: _____

TBA SUMMER CAMP GUIDELINES

Signatures below imply that these guidelines have been reviewed and accepted by both the parent and child or youth participating in TBA CAMP. Failure to comply with any of these guidelines will result in disciplinary action by the TBA CAMP staff and/or removal from TBA CAMP at parents' expense.

1. I understand that the purpose of attending TBA SUMMER CAMP is for spiritual growth and enrichment. My conduct and behavior will reflect that purpose.
2. I will participate in all of the scheduled activities of the camp.
3. I will not use or possess any tobacco products, drugs, alcoholic beverages or any type of weapon at camp.
4. I will stay out of the cabin and rooms that are designated for members of the opposite sex and will not seek to be alone with a person of the opposite sex.
5. I will assume financial responsibility for any and all damage that I create to property and facilities belonging to the Camp Alamisco, Tallapoosa Baptist Association, and/or sponsoring parties.

I HAVE READ & DISCUSSED THE CAMP GUIDELINES WITH MY SON/DAUGHTER.

Parent's Guardian's Signature _____ Date _____

I UNDERSTAND THE STATED GUIDELINES. I FURTHER UNDERSTAND IF I AM FOUND TO BE OUT OF LINE, I WILL BE COUNSELED TO DETERMINE IF I SHOULD CONTINUE OR BE DISMISSED FROM CAMP.

Camper's Signature _____ Date _____

CAUTION: Read this document carefully before signing before a Notary Public. This is a General Medical Release & Indemnification of Claims form.

Medical Release: The health history as listed on page two is correct and complete to the best of my knowledge. I give permission for participation in all camp activities except as noted. I understand that in the event my child requires medical or dental treatment while at camp, reasonable efforts will be made to contact me and the alternate contact person listed. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests or treatment; also to release any records necessary for insurance purposes and to provide or arrange the necessary related transportation for my child. In addition, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named on this form as the participant. I hereby release the Tallapoosa Baptist Association, Camp Alamisco and all persons associated with the camp from any liability associated with any accident, injury, or disease of the person who is the subject of this form.

Media Consent: I understand that media will be used to capture comments, interviews, pictures & video of TBA Summer Camp. By signing this form, I give my consent for taking photographs, recordings, statements, and/or video of me &/or my child. I hereby grant TBA the right to edit, use, & reuse these materials for its purposes in print, on the internet, & all other forms of media and assign any and all rights in such materials.

Signature of Parent/Guardian _____ Date _____

This is to be completed by the notary witnessing parent/guardian's signature:

The state of _____ The county of _____

Before me, a Notary Public, on this day personally appeared _____

known to me (or proved to me on the oath of _____)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

_____ My commission expires _____

Notary Public

*****Please copy a sheet for each medicine taken, fill out & bring to camp*****

PRESCRIBER/PARENT AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT CAMP

CAMPER INFORMATION

Camper Name _____ Date of Birth _____

List any known allergies/reactions _____

PRESCRIBER AUTHORIZATION

Name of Medication _____ Reason for Taking _____

Dosage _____ Route _____ Frequency/Time(s) to be given _____

Begin Medication _____ Stop Medication _____
Date _____ Date _____

Special Instructions:

Does medication require refrigeration? Yes No

Is the medication a controlled substance? Yes No

Is self-medication permitted and recommended for this student? Yes No

Potential Side Effects/Contradictions/Adverse Reactions _____

Treatment Order in the event of an adverse reaction: _____
(Attach additional sheet or use the back of this form if necessary)

I hereby affirm that this student has been instructed in the proper self-administration of the prescribed medication.

_____/_____
Signature of Prescriber (please print name) Date Phone Fax

PARENT AUTHORIZATION

I authorize the registered nurse (RN) or licensed practical nurse (LPN) the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the Nurse to talk with the prescriber or pharmacist should a question come up about the medication.

ALL medication must be registered with the nurse. It must be in the original, unopened, sealed container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

Signature of Parent Date Phone Cell

SELF-ADMINISTRATION AUTHORIZATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the nurse, the agents of the camp, and the Tallapoosa Baptist Association against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent Date Phone Cell