

Church your camper	r is attending OBA Camps wit	h:

Scan OR to REGISTER ONLINE. Please return paper forms to the church ASAP.

## Individual camp fees should be paid to the church, not OBA. **CAMPER INFORMATION** Camper's Name: Gender: Male Female Last Grade Completed: \_\_\_\_\_ Shirt Size: \_\_\_\_ (youth/adult) PARENT/GUARDIAN CONTACT INFORMATION Parent/Guardian Name: Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_\_ **Emergency Contact** (person other than parent/guardian listed above) Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ **Pick-up Authorization** (Person(s) other than those listed above who have permission to pick up your child)

## **MEDICAL & DIETARY INFORMATION**

Please list any medical conditions that we should be aware of: (asthma, diabetes, etc.)		
Please list any surgeries, illnesses, or injuries that are relevant to the current health of the camper while attending camp.		
Please list any prescription or daily medications that will need to be administered to your child while attending camp.		
List any food allergies or dietary restrictions:		
Camper is allowed to be administered these medications if necessary while attending camp:		
(check all that apply)		
Tylenol		
☐ Ibuprofen		
☐ Benadryl		
☐ Pepto-Bismol/Tums		

Please be sure to complete the MEDICAL CONSENT FORM and PRESCRIPTION MEDICATION FORM included in this packet. Each camper MUST have a completed and signed form to attend camp. Please make sure these forms are completed, signed, and returned to the church group leader before your camper departs for camp. All forms can be found on our website <u>obacampground.com</u>

## **POLICIES & PERMISSIONS**

## INITIAL after reading to acknowledge that you are aware of the Ouachita Baptist Association and OBA Campground policies.

С	your camper has essential dietary restrictions or will bring their own food items for meals, you must contact the camp coordinator @ 501-472-8452 prior to camp so we can ensure proper precautions are aken and we have appropriate menu options.
	_ I understand
d n re	all prescription medications must be in the original pharmacy container with the camper's name and losage instructions on it. Send only the doses needed while at camp. By federal law, we cannot mail an needications that are accidentally left. Place medications and completed Medication Form in a essealable bag and give them to your church group leader prior to departure to camp. DO NOT PACK IN CAMPER'S BELONGINGS.
	_ I understand
	campers may be photographed or videotaped during normal camp activities and photos and/or videos nay be used on social media platforms and in promotional materials.  _ I understand
re fo	OBA/ OBA Campground is not responsible for lost, stolen or damaged property. Please bring only the equired items and leave valuables at home. Write campers' name on all clothing and other items packed or camp. All items left at camp will be gathered and returned to the Ouachita Baptist Association office ocated at 1201 College Drive in Mena after each camp. Lost/left items may be picked up there.
	I understand
0	ll campers are expected to follow the rules and policies of the Ouachita Baptist Association and the BA Campground and behave in an appropriate manner. Behavior that disrupts the activities or urposes of the camp or interferes with other campers' safety will not be tolerated.
	I understand