



# MIGHTY KIDS

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Camp Attending: June 26 - 28

Camp Fees: \$105 per Camper

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender (circle one): Male / Female T-Shirt Size: \_\_\_\_\_

Church: \_\_\_\_\_

Special Needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pickup/Drop-Off:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drop-off and Pick-up Times

<b>Camp</b>	<b>Drop-off</b>	<b>Pick-up</b>
Mighty Kids	June 26 (3 p.m. to 5 p.m.)	June 28 (10 a.m.)

Camper's Full Name: \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical History**

Allergies: \_\_\_\_\_

Generally, my health is (Circle one):    Excellent / Good / Fair / Poor

If poor, please explain: \_\_\_\_\_

List any medical difficulties you are currently being treated for (Asthma, Diabetes, ADD, etc.): \_\_\_\_\_

List surgeries or serious illnesses relevant to current health of the camper:

Current Medications: Medication form MUST accompany all medications. NOTE: All medications MUST be in the original prescription bottle with the name of the camper on it and dosage instructions. Otherwise, we are not allowed to dispense medication.

Dietary Needs/Restrictions: \_\_\_\_\_

(If your child has strict dietary restrictions, or may need specific foods that may not be readily available at camp, please call our ServSafe coordinator at (501) 472-8452 or contact her via email at anakate.oba@gmailcom.)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy #: \_\_\_\_\_

(Insurance will only be used in the case of a medical emergency)

**Consent to Treat Minor Children**

Please print all information

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ (Camper), born \_\_\_\_\_, do hereby consent to Ouachita Baptist Camp Staff to obtain necessary medical attention in case of sickness or injury to my child to ensure the health and welfare of my child while said child is under the care of Ouachita Baptist Camp Staff and I am not reasonably available by telephone to give consent. This authorization is effective While my child is in attendance at Ouachita Baptist Camps.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/Video Notice**

\_\_\_\_\_ I understand that my child may be photographed or videotaped during normal activities and these photos/videos may be used on social media platforms and in promotional materials.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and the Camp Staff from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in camp.

-Please initial and sign below (youth under the age of 18 years of age requires parent/guardian signature).

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Early Registration ends May 17th, after such time we cannot guarantee that dietary restrictions and the provision of camp memorabilia cannot be guaranteed.