

**2018 Greene County Baptist Girls' Camp
Camper Registration Form**

Parent or guardian, please print in blue or black ink. This form will be given to your child's cabin leader.

Please do not have your child fill this out. Please fill it out COMPLETELY!

Camp Dates: July 16 – July 20, 2018

Camp Fees: \$100.00 (until deadline) Camp fees are \$110.00 after the June 7th registration deadline.

*(see below for *Cancellation Policy and cabin mate info)*

Name _____ Cabin Mate** _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ - _____ - _____ Age as of camp _____ ***Grade Entering _____

Parents' names _____ Phone _____

Church camper attends: _____ (if 1st or 2nd Baptist, give city)

Church or person camper is riding to camp with: _____

Church or person camper is riding home from Baptist Hill with: _____

Camper t-shirt size: **(Circle only one!)** CHILD: S (6-8) M (10-12) L (14-16) ADULT: S M L XL

This section is to help our cabin leaders know a little about the girls before they come to camp.

Campers may complete this section. Include siblings, pets, likes, interests, hobbies, etc

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SPIRITUAL BACKGROUND – PARENTS, PLEASE CHECK ONLY ONE STATEMENT

Check only

- My child has made a commitment to follow Christ and has been baptized.
- My child has made a commitment to follow Christ but has not yet been baptized.
- My child has not yet made the decision to follow Christ.
- I don't understand what this question means and I'm unsure which category to mark.

PERMISSION: As parent or guardian of _____ (first & last name of camper), I give her permission to do all activities as may be included in camp this year (16 ft. waterslide, cookout, canoeing, swimming, playing in spring, sleeping on top bunk, being photographed for camp promotion, address and phone number included in memory book, etc.) with my signature below. I understand that my child will **not** be allowed to attend camp without **my** signature. If there is any activity for which I do **not** give my child permission, I will elaborate in the following blank:

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Parent or Guardian Signature: _____ Date: _____

Parent Email Address (optional) _____

Please return this completed form, a completed Health form, and camp fees to the church camper is attending with or directly to: Greene County Baptist Association, 834 West Battlefield, Springfield, Missouri 65807