

2024 Shelby County Christian Assembly Camper Registration Form



Please print. Camper, Parent/Guardian, and Church Representative must read and fill out **both sides** of this form. **Mail with at least half your tuition to:**

SCCA Registrar
 Countryside Christian Church
 c/o Becka Schloss
 23153 Hwy H
 Kirksville, MO 63501

FOR OFFICE USE ONLY			
	Date	Cash/Check #	Amount
Tuition			
Paid Camper			
Owed Camper			
Paid Church			
Owed Church			
Comments			

Camper Name _____ Male Female
 _____ / _____ / _____ Yes No
 Date of Birth (MM / DD / YYYY) Grade Entering in Fall Is Camper a baptized believer in Jesus Christ?

Youth S M L **Adult** S M L XL 2XL 3XL

T-Shirt Size (**FREE if your registration is received by Monday, May 13**; \$ If you register after May 13 — you may be able to purchase a shirt at check-in for \$15. Shirts sizes and availability are not guaranteed after the early bird deadline.)

- Overnight Camp (2nd Grade)..... Friday, May 31 @ 3 pm—Saturday, June 1 @ 3pm \$50
- High School Camp (**10th through graduated 12th Grade**)... Sunday, June 2—Friday, June 7 \$160
- 5th and 6th Grade Camp..... Sunday, June 9—Thursday, June 13 \$130
- Day Camp (1st Grade)..... Saturday, June 15—(from 9am—3pm) \$40
- Freshman Camp (9th Grade) Sunday, June 16—Friday, June 21 \$160
- 7th & 8th Grade Camp Sunday, June 23—Friday, June 28 \$160
- 3rd & 4th Grade Camp Sunday, June 30—Wednesday, July 3 \$100

Camper Address _____ City, State, ZIP _____

Primary Emergency Contact _____ Relationship to Camper _____

(Area Code) + Primary Contact Phone _____ Primary Emergency Contact Email _____

Secondary Emergency Contact _____ Relationship to Camper _____

(Area Code) + Secondary Contact Phone _____ Secondary Emergency Contact Email _____

Home Church _____

Church Representative Name (Minister, Treasurer, etc.) for Camp Registrar _____ Best Method to Contact Church Representative (phone number, email address, etc.) _____

\$ _____
 Amount Church Pays *If a church is paying a portion of the tuition, a church representative must sign here*

Camper and Parent/Guardian: Please Read Carefully and Sign this Authorization:

I, the Camper, agree to obey the all of the camp rules listed in the camp brochure.

I hereby consent and authorize Shelby County Christian Assembly, its designees and agents to authorize any medical treatment deemed necessary in the event of any injury I should have while participating in an activity should I be mentally or physically incapable of making such a decision. If the Camper named below is less than 18 years of age, I hereby authorize Shelby County Christian Assembly, its designees and agents to consent to appropriate medical care and treatment (*in loco parentis*) should I be unavailable to render such consent for my minor child.

I promise to pay for all medical and liability expenses for any bodily injury, rescue, or property damage I may incur while participating in Shelby County Christian Assembly activities and for any bodily injury, rescue, or property damage caused to a third party as a result of my participation in their activities.

I give permission for photos and videos of myself to be used in promotion of the camp. I, the parent/guardian, also give permission for my child to leave the campgrounds for any planned field trips.

We have read this entire document, understand it completely, agree to be bound by its terms, and declare the information I put on this form is true. **Regardless of age, Camper must sign.**

Camper Signature _____ Print Name _____ Date _____

Parent/Guardian Signature _____ Print Name _____ Date _____

2024 Shelby County Christian Assembly Camper Medical Form



We are so excited for your Camper to join us this summer! Whether or not your Camper has any illnesses or current medications, please complete this medical form to the best of your knowledge. All medicines (including over-the-counter) need to be turned in at registration when your Camper arrives for their camp session.

Medical Insurance Company _____ Policy Member's Name _____ Policy Number _____

Physician's Name _____ Physician's Phone Number _____ Date of Camper's Most Recent Tetanus (DTaP) Vaccine _____

Medications: List all medications Camper is bringing, including over-the-counter. For example: *Tylenol, 100mg, by mouth, as needed, for headaches.*

Medication	Dosage	Route	Frequency	Indication
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Medication	Dosage	Route	Frequency	Indication
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Allergies: List all allergies (drugs, foods, insect bites, poison ivy, etc.), reactions, and action required.

Allergy	Reaction	Treatment
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Allergy	Reaction	Treatment
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Hospitalizations/Emergencies: Please list any hospital or emergency room visits in the last two years.

Date	Reason	Length of stay
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Date	Reason	Length of stay
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Please list any of the conditions or symptoms the Camper has that we should be aware of:

How long do symptoms last? How often do symptoms occur? How do you care for symptoms? How do symptoms restrict activity? What date did symptoms last occur?

Describe any chemical or drug usage problems, including alcohol or tobacco.

When swimming, Camper...

sinks like a rock is uncomfortable in the deep end, but can swim a little swims comfortably in the deep end

Counseling History..... Is the Camper currently in counseling/treatment? Yes No

Has the Camper seen a psychiatrist, psychologist, or other counselor within the past two years? Yes No

Reason for Counseling

Camper's Current Psychiatrist/Counselor's Name _____ Address _____ Phone Number _____

Thanks for taking the time to completely fill out this form!