

# South Central Baptist Network Camp Application 2024

## Camp Discover

Registration deadline is June 14, 2024



southcentralbaptistnetwork.com

June 24-27. For boys and girls **ages 5-7**. Cost is \$75.00

- Day camp is Monday – Thursday, 8:30 AM – 4:30 PM
- Children need to bring a swimsuit, towel, sunscreen, plastic bag for wet clothes and flip flops/pool shoes
- Children should not bring cellphones or other electronic devices
- All campers should be **pre-registered and prepaid**

Camper Name \_\_\_\_\_ Female Male

Address \_\_\_\_\_  
Street City State Zip Code

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Church Camper attends \_\_\_\_\_

Has Camper accepted Christ as Savior? YES NO Has Camper been baptized? YES NO

Is Camper a swimmer? YES NO Does Camper have permission to swim? YES NO

List any allergies (including **food** allergies) Camper may have: \_\_\_\_\_

Camper's parent or guardian: \_\_\_\_\_

Address (if different than Camper): \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_

Person to call if parent/guardian cannot be reached \_\_\_\_\_

Phone \_\_\_\_\_

As parent/guardian of the camper, my signature below certifies that I have read and understand the camp parent information sheet and that I give permission for my child to be in camp photos.

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

\_\_\_\_\_ **Check here if your child will be riding the bus.** Bus transportation to camp will depart **promptly at 8:00 AM** from the parking lot on the corner of **5<sup>th</sup> Street & 13<sup>th</sup> Avenue** (previous location of the Cordele First Baptist Church parking lot). **The bus will return for pickup at 4:45 pm.**

**Make checks payable to South Central Baptist Network and mail with this completed and signed application as well as signed medical release form to: SCBN, PO Box 1274, Cordele, GA 31010.**

SCBN Use Only: Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Scholarship \_\_\_\_\_ Date Received \_\_\_\_\_

# Medical Release Form

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

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

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

Emergency contact person (someone to call if parent/guardian cannot be reached) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Camper's physician and phone \_\_\_\_\_

List all allergies to food and medications \_\_\_\_\_

List all medications camper is currently on \_\_\_\_\_

Is there any additional medical information we should know about your child? \_\_\_\_\_

Are there any special dietary instructions/issues? \_\_\_\_\_

**Please read and sign the following consent statement:**

I acknowledge that my child's experience in the SCBN Children's Camp will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance my child may come into contact with the following hazards including (but not limited to): ants, mosquitos, ticks, chiggers, poison ivy/oak and bees. I further acknowledge that SCBN Camp and its staff are not responsible for any bug bites, sunburns or possible illnesses including COVID-19 that my result from my child participating in activities. My signature below authorizes the staff at SCBN to request emergency treatment for my child if the situation warrants and I am unable to be contacted.

\_\_\_\_\_  
Parent/Guardian's name (printed)

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date