




3104 Wayne Route F
Greenville, MO 63944
Phone: 573-224-3826
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www.campallen.com

2024 Camp Allen Ministries Camp and Retreat Registration

OFFICE USE ONLY

D _____
S _____

PLEASE PRINT! FILL OUT COMPLETELY! MAIL!

PART 1: PARTICIPANT'S INFORMATION				
Name (First and Last):		Age:	Grade (Next school Year):	
Address:		Date of Birth __ / __ / ____	T-shirt size (Indicate Youth or Adult) :	
Home Phone:		City, State, Zip:	Sex: M or F	
Email:		Cell Phone:	Work Phone:	
Church Family Attends:		<input type="checkbox"/> Check box if you would like to receive emails about upcoming events and announcements about Camp Allen Ministries.		
Church Address:		Bunking Request (no guarantees):		
PART 2: CONTACT INFORMATION				
Parent's Names		Relationship to Child:	Emergency Contact (if parents are unavailable):	
Home Phone:	Cell Phone:	Work Phone:	Emergency Phone:	
VIP Status for all campers with FULL coin cans!		PART 4: INSURANCE INFORMATION		
<p>Thank You for your generous support of Camp Allen. Last year alone campers from just our 3 General Baptist camps brought in over \$8,000!!! And in the 4 last years supporters have donated nearly \$60,000 just in coin can donations! 30% of this money goes directly to debt reduction and the remaining 70% goes for special projects and improvements around camp! Bring those Cans!!! (You can pick up cans from your local GB church or from Camp Allen directly.)</p>				
		Insurance Plan or Company:	Group#:	Ind.#:
		Address:		City, State, Zip:
Doctor's Name:		Doctor's Phone #:		
PART 5: CANCELLATION POLICY				
<p>ALL refunds will be assessed a \$30 Cancellation Fee. Refunds will only be given if the registration is cancelled a minimum of two weeks prior to the beginning of the camp session. (Camper fees can be transferred to another camper within the same camp season by permission of the Camp Administrator)</p>				
PART 3: CAMPER SESSION INFORMATION				

Early Bird Registrations (Receive a \$5 voucher to camp store if registration is received and paid in full at least 1 month prior to camp starting date)

Register by:

Winter Youth Retreat	<input type="checkbox"/>	February 16-17	Grades 7-12	\$60	February 16
CIT Training	<input type="checkbox"/>	March 8-9	Grades 8-12	\$15	March 8
Kids Retreat	<input type="checkbox"/>	May 3-4	Grades 1-6	\$50	May 3
Crossroads Camp	<input type="checkbox"/>	June 2-7	Grades 9-12	\$190	After May 19 \$210
Adventure Camp	<input type="checkbox"/>	July 7-11	Grades 2-5	\$145	After June 23 \$165
Quest Camp	<input type="checkbox"/>	July 21-26	Grades 6-8	\$190	After June 30 \$210

Individuals Authorized to Transport Your Child:

Name: _____ Cell #: _____ Relationship: _____

Name: _____ Cell #: _____ Relationship: _____

Name: _____ Cell #: _____ Relationship: _____

CAMP ALLEN is a facility designated for Christian camping; therefore, campers are urged to conduct themselves in a Christian manner at all times and to use decency and good taste in wearing apparel (no spaghetti straps, bare midriffs, halter tops or short shorts, no muscle shirts, no clothing that allows underwear to show, or any other inappropriate clothing for camp. If you wear clothing that is inappropriate, please be prepared to change.)

➤ Camp Allen Ministries is a General Baptist camp and will conduct our ministries in accordance with the General Baptist Statements of Faith and the Social Principles of General Baptists.

(<http://generalbaptist.com/national-offices/about-us>)

(http://storage.cloversites.com/generalbaptistministries/documents/SocialPrinciples_screen_res.pdf)

(<http://campallen.com/wp-content/uploads/Camp-Allen-Christian-Community-Policy-and-Statements-of-Faith-Adopted-October-2019.pdf>)

➤ Modest bathing suits for girls and swim trunks for boys, no cut-offs. Campers must wear a cover up on their way to and from the pool and waterslide. (T-shirts or some other cover up will be worn by both boys and girls.)

➤ Sex-specific changing areas, living quarters, restrooms, and showers are to be used by members of the designated biological sex only.

➤ **PARENTS AND VOLUNTEERS WILL BE REQUIRED TO SIGN A SPECIAL LIABILITY WAIVER FOR COVID-19 ISSUES RELATING TO CAMPING AT CAMP ALLEN.**

➤ The use of alcohol, illegal drugs, tobacco products, and profanity are not permitted.

➤ The use of electronic devices, including cell phones are not permitted without permission of the Camp Director. Cell phone use will be strictly monitored and only available during certain times. We strongly encourage them to unplug and experience camp without outside interferences. (i.e. social media, excessive texting, etc.)

➤ Everyone will be expected to participate in all camp activities unless excused for illness or other legitimate reasons.

➤ No one may leave camp during the session without permission.

➤ **All campers must be checked out before leaving Camp.**

➤ Campers are not to move their vehicles without the consent of the Camp Director.

➤ Campers are to stay in appointed areas.

➤ **No food or sodas in sleeping rooms, chapel, or gym. (it is hard to clean up and will attract mice and bugs)(Any persistent disregard for the guidelines or counsel of the Camp Director can forfeit the camper's right to remain at camp!**

➤ **ALL MEDICATIONS MUST BE FDA APPROVED & DOCTOR PRESCRIBED IN THE ORIGINAL CONTAINER WITH CURRENT PRESCRIPTION WITH CAMPER'S NAME AFFIXED TO THE BOTTLE OR CONTAINER. ALL SUCH MEDICATIONS MUST BE TURNED OVER TO THE NURSE AT CHECK IN BEFORE ENTERING DORM AREA. ALL OVER THE COUNTER/NON PRESCRIPTION MEDICINES MUST ALSO BE TURNED IN OR SCREENED BY THE NURSE FOR HER AWARENESS OR DISPENSE. (I.E. INHALERS, EPI PENS, ETC) "WE RESERVE THE RIGHT TO REFUSE TO DISPENSE ANY MEDICATIONS THAT IS NOT SPECIFICALLY COVERED UNDER THIS POLICY." (FYI: A head lice check will be done prior to check in).**

I authorize photo/digital media release for the purpose of publications, websites and/or displays to promote Camp Allen Ministries Inc.

I authorize Camp Allen Ministries Inc. staff to seek emergency treatment from a qualified individual for the above registered camper.

I have reviewed the organization's Statements of Faith.

I have reviewed the organization's Christian Community Policy

I have reviewed the organization's Social Principles of General Baptist

I have reviewed the medication policy above. Please initial. _____

Signature Required: _____

1. Does your child have any medical conditions that could affect their ability to participate in camp activities? If yes, please identify and explain: Yes No

2. Is your child currently taking any medications? If yes, please identify and explain: ALL MEDICATIONS MUST BE FDA APPROVED & DOCTOR PRESCRIBED IN THE ORIGINAL CONTAINER WITH CURRENT PRESCRIPTION WITH CAMPER'S NAME AFFIXED TO THE BOTTLE OR CONTAINER. ALL SUCH MEDICATIONS MUST BE TURNED OVER TO THE NURSE AT CHECK IN BEFORE ENTERING DORM AREA. ALL OVER THE COUNTER/NON PRESCRIPTION MEDICINES MUST ALSO BE TURNED IN OR SCREENED BY THE NURSE FOR HER AWARENESS OR DISPENSE. (I.E. INHALERS, EPI PENS, ETC) "WE RESERVE THE RIGHT TO REFUSE TO DISPENSE ANY MEDICATIONS THAT IS NOT SPECIFICALLY COVERED UNDER THIS POLICY." (FYI: A head lice check will be done prior to check in). Yes No

3. Does your child have any allergies, or are there any special instructions or restrictions? If yes, please identify and explain: Yes No

*List of items to bring to camp will be available on the Camp Allen Ministries Facebook Page and our website www.campallen.com.

Camp Allen will be making a few limitations and special conditions for summer 2024. These changes are based on CDC, federal, state, and local guidelines to offer the best and safest “Life Changing Experience” as possible.

We will ask that you do a screening of your child or your campers before traveling to Camp Allen.

It will be OK to come to camp if...

- Camper is fever free for 72 hours and NO symptoms for 14 days

It is NOT OK to come to camp if...

- Camper has had any fever in the past 3 days
- Any symptoms of illness in the past 3 days
- Have been around anyone who has been sick in past 3 days

Changes will include the following:

- Parents and volunteers will be REQUIRED to sign a special liability waiver for COVID-19 issues relating to Camp Allen
- Daily sanitizing of all surfaces
- Public bathrooms will be cleaned multiple times a day
- We will encourage increase hand washing
- All meals will be served. (No self serving of food or drinks)

Thanks for your patience and consideration as you plan to attend Camp Allen this summer.

Please read over the special liability waiver for COVID-19 issues relating to camping at Camp Allen below. IT MUST BE SIGNED AND DATED. (This is a REQUIREMENT for ALL campers and volunteers to attend camp).

*Camp Allen Ministries, Inc.
3104 Wayne Route F, Greenville, MO 63944*

***ADDENDUM TO
WAIVER AND RELEASE OF LIABILITY
FOR RENTAL GROUPS AND FAMILIES
FOR COVID-19***

This Addendum to the Waiver and Release of Liability for Rental Groups and Families participating in activities on the property of Camp Allen Ministries, Inc.

I understand that Camp Allen Ministries, Inc. makes no representations with regard to the risk of exposure to the COVID-19 virus, or coronavirus, while being on the property of, or participating in activities on the property of, Camp Allen Ministries, Inc. In consideration of the risk of contracting the COVID-19 virus while being present on the campus of, or participating in activities on the property of, Camp Allen Ministries, Inc., and as consideration for the right to be present upon the property of Camp Allen Ministries, Inc., I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims, or causes of action of any kind whatsoever arising out of the contraction of, or the exposure to, the COVID-19 virus while being on the property of, or participating in activities of, Camp Allen Ministries,

Inc., and do hereby release and forever discharge Camp Allen Ministries, Inc., located at **3104 Wayne Route F, Greenville, Missouri, 63944**, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any injury or illness I may suffer due to contracting or being exposed to COVID-19, including, but not limited to, illness, paralysis, death, damages, economic or emotional loss.

I AM VOLUNTARILY ENTERING THE PROPERTY OF Camp Allen Ministries, Inc. ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH COVID-19 WHILE BEING IN CLOSE CONTACT WITH OTHER PEOPLE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, ECONOMIC OR EMOTIONAL LOSS, AND DEATH. NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, WITH MY PRESENCE ON PROPERTY AT Camp Allen Ministries, Inc.

I agree to indemnify and hold harmless Camp Allen Ministries, Inc. against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Camp Allen Ministries, Inc. incurs any of these types of expenses, I agree to reimburse Camp Allen Ministries, Inc.

I acknowledge that Camp Allen Ministries, Inc. and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Camp Allen Ministries, Inc. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "ADDENDUM TO WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Camp Allen Ministries, Inc. AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Camp Allen Ministries, Inc. FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Camp Allen Ministries, Inc., its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

SIGNED: : _____

DATE SIGNED: : _____