



3104 Wayne Route F
Greenville, MO 63944
Phone: 573-224-3826
Email:
campallen1954@gmail.com
www.campallen.com

2025 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><i>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.)</i></p>			Insurance Plan or Company:		Group#:	Ind.#:	
			Address:		City, State, Zip:		
			Doctor's Name:		Doctor's Phone #:		
<p>PART 3: CAMPER SESSION INFORMATION</p>			<p>PART 5: CANCELLATION POLICY</p> <p><i>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)</i></p>				



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 14-15	Grades 7-12	\$60	February 14
CIT Training	<input type="checkbox"/>	March 7-8	Grades 8-12	\$15	March 7
Kids Retreat	<input type="checkbox"/>	May 2-3	Grades 1-6	\$60	May 2
Crossroads Camp	<input type="checkbox"/>	June 8-13	Grades 9-12	\$225	June 8
Adventure Camp	<input type="checkbox"/>	July 13-18	Grades 2-5	\$225	July 13
Quest Camp	<input type="checkbox"/>	July 20-25	Grades 6-8	\$225	July 20

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.