

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

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		P	ART 1: PAR	RTICIPA	NT'S INFO	RMATION	1			
Name (First and Last):				Age:	Grade (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:				Check box if you would like to receive emails about upcoming events and announcements about Camp Allen Ministries.						
Church Address:				Bunkin	g Request (no	guarantees):				
		PAR	T 2: CONTA	ACT INF	ORMATIO	N				
Parent's Names			Relationship	to Child:			Emergency Co	ontact (if parents a	are unavailable):	
Home Phone:	Cell Phone): ::	Work Phone:	:			Emergency Ph	none:		
VIP Status for all c	ampers with	FULL coin cans!			PART	4: INSURA	ANCE INFOR	MATION		
Thank You for your	generous s	upport of Camp	γ_{II}	P	Insurance Plan	n or Company	y:	Group#:	Ind.#:	
General Baptist cam And in the 4 last yea	and the campers from just our 3 amps brought in over \$8,000!!! ears supporters have donated Address: Address:			City, State, Zip:		p:				
nearly \$60,000 just to of this money goes dethe remaining 70% g	lirectly to a	lebt reduction and	1	Doctor's Name:		ne:	Doctor's Phone #:		e #:	
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ASSUMPTION OF RISK, ACCIDENT, MEDICAL & PUBLICITY RELEASE/INDEMNITY AGGREEMENT

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 <u>(no spaghetti straps, bare midriffs, halter tops or short shorts, no muscle shirts, no clothing that al-</u> lows 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 quidelines 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 CON-TAINER 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 BE-FORE 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 MEDICAT-TIONS 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 dis

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:	plays to promote camp Alien Ministries Inc. \square
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I have reviewed the medication policy above. Please initial	I have reviewed the organization's Christian Community Policy \Box
	I have reviewed the organization's Social Principles of General Baptist \square
Signature Required:	I have reviewed the medication policy above. Please initial
	Signature Required:

1. Does your child have any medical conditions that could affect the ability to participate in camp activities? If yes, please identify and explain: Yes \square No \square
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 OF CONTAINER. ALL SUCH MEDICATIONS MUST BE TURNED OVER 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 OF 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 \(\sum No \sum \)
3. Does your child have any allergies, or are there any special instruction or restrictions? If yes, please identify and explain: Yes \(\subseteq \text{No} \)

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