

**Kansas City Kansas Baptist Association
MEDICAL RELEASE FORM FOR CHILDREN AND YOUTH**

Name _____ Birthday _____

Address _____ City/State/Zip _____

Father's Name _____ Employer _____

Day Phone (____) _____ Evening Phone (____) _____ Email _____

Mother's Name _____ Employer _____

Day Phone (____) _____ Evening Phone (____) _____ Email _____

If unable to locate parent, please notify:

Name/Relationship _____ Phone (____) _____

Physician _____ Phone (____) _____

Insurance Company _____ Policy # _____

IMMUNIZATIONS: Tetanus Polio booster Measles Mumps

MEDICAL HISTORY (Circle all that apply): Asthma Sinusitis Bronchitis Diabetes Epilepsy

Heart trouble Dizziness Stomach upset Hay fever Other _____

Are you restricted at the present time from sports or swimming? Yes No

If yes, list reasons for restriction: _____

ALLERGIES: Food _____ Insect stings / Bites

Penicillin or drug (name) _____ Poison Sumac, Oak, Ivy

Other allergies

CURRENT MEDICATIONS (list): _____

I, the undersigned, do hereby verify that the above information is correct. My permission is granted for the KCKBA Children's Camp Director to obtain necessary medical attention in case of sickness or injury to my child. I give permission to the physician selected to hospitalize and secure proper treatment for my child.

Date _____ Parent's Signature _____

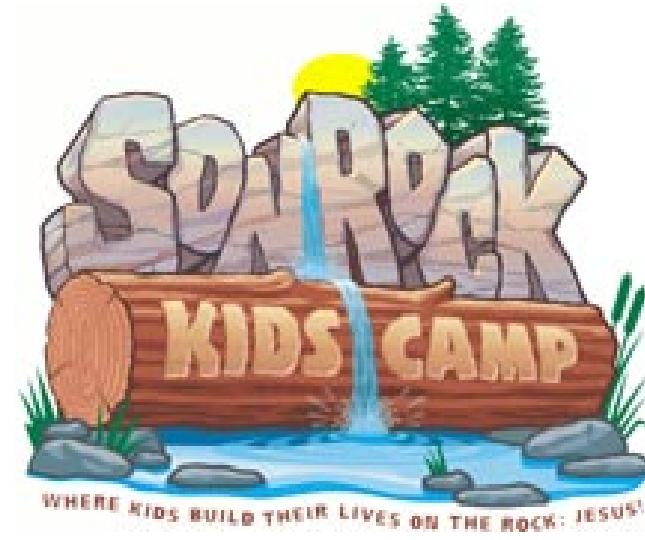
On this the ____ day of _____, 2010, _____ personally appeared before me and in my presence executed the within and foregoing history and permission form. Witness my hand and official seal. My commission expires _____ .

Notary's Signature (seal)

If you sign in person at the KCKBA office, there will be no charge for notary. Call 913.599.4455 to set an appointment.



Kansas City Kansas Baptist Association
 8745 Ballentine, Suite A
 Overland Park, KS 66214



July 6–9, 2010

**New Hope Baptist Retreat Center
Holt, Missouri**

for children grades 3-6

**Camp Pastor: Dale Phillips
Camp Director: Jim Conard**

sponsored by
Kansas City Kansas Baptist Association
 913.599.4455
 www.kckba.org



Son Rock Kids Camp

When: July 6–9, 2010

Check In Tuesday, 9:30 AM
Check Out Friday, 4:00 PM (after talent show)

Where: New Hope Camp, Holt, Missouri

Campers' mail may be sent to:
21209 NE 188th Street, Holt, MO 64048

Emergency Phone: 913.706.6873

Directions: Go 35 miles north of Kansas City on I-35, to the Holt exit [exit 33]. Turn right on Highway PP. Go ½ block, turn right, and wind two miles south on the frontage road.

Who: Kids who have completed 3rd–6th grades and will be nine years old by August 31, 2010.

Cost: \$140/camper (\$70 deposit, registration, and medical release forms are due by May 26. The \$70 balance is due by June 26.) Camp fee includes camp T-shirt, snacks and meals, recreational activities, and lodging.

Registration: Return the registration and medical release forms to your church's camp coordinator or church office. The church will then write and mail a single check for deposit to KCKBA and another for the balance due on behalf of all campers.

At camp children will participate in:

Kid-friendly worship
Bible memory and instruction
Friday evening talent show
A variety of sports
Making new friends
Improving skills
Having fun

KCKBA makes every possible effort to be sure that your child is safe, secure, and supervised.

Four full days of fun and spiritual growth!

Sample Schedule

7:00 AM	Everybody UP!
7:45 AM	Quiet Time
8:00 AM	Breakfast
9:00 AM	Worship Rally
10:00 AM	Team Competition
11:00 AM	Special Features
12:00 NOON	Lunch
1:00 PM	Rest time
1:30 PM	Choices
	Crafts, Drama, etc.
2:30 PM	Swim
5:00 PM	Supper
6:00 PM	Worship Rally
7:30 PM	Choices
8:15 PM	Campers' Special
8:45 PM	Snacks
10:00 PM	Small Group Devotions
10:30 PM	Lights Out

Parents are invited to attend a talent show at 3:00 PM on Friday. Campers will be dismissed following the program.

Items Campers Need to Bring

A Bible
Soap & personal stuff
Towels and wash cloths
A sleeping bag or bed roll and pillow
Ball glove (optional)
Fishing pole (optional—must use hooks and bait provided.)
Shorts, jeans and shirts for four days (no halter tops or bare midriffs)
Swim trunks or swimsuits (no cutoffs)
Tennis shoes - leather or canvas
Skit script or music CD for talent show
Do **NOT** bring fireworks or personal electronic devices such as ipods, electronic games, cell phones, etc.

For more camp information, contact KCKBA Camp Director Jim Conard, 913.706.6873, or call KCKBA, 913.599.4455.

Kansas City Kansas Baptist Association

2010 Children's Camp

Camp New Hope, Holt, Missouri

CHILDREN'S REGISTRATION FORM

(To be filled out by parent or guardian. Please print legibly in ink.)

*This form should be returned to your church office by **May 26**, along with a \$70.00 registration deposit. The balance of \$70 is due no later than **June 26, 2010**.*

Name _____ Name you prefer to be called _____

Phone (____) _____ Address _____

City _____ State _____ Zip _____

School Grade Completed _____ Age _____ Sex (Circle one) M or F

Circle T-shirt size: Child L Adult S M L XL XXL XXXL

Church _____

Church Name

City

State

Information on Child (check each one that applies):

_____ Member of Church

_____ Christian

_____ Regular in Sunday School

_____ Parents active in church

_____ Been away from home before

_____ Brothers: Ages _____

_____ Needs help participating in groups

_____ Sisters: Ages _____

Each camper may request ONE friend with whom to be grouped at camp. Your child's friend must also list your child's name on his/her registration form.

Friend's Name _____

Friend's Church _____

Church Name

City

State

Yes No I give permission for my child's photograph (**without name**) to be used for promotional and informational purposes by KCKBA and its affiliates.

Parent's signature _____

(Please complete, sign, and have notarized the medical release form on the back of this sheet.)

Note: Camp will conclude immediately after the 3:00 PM, Friday afternoon talent show which all parents are invited to attend.

Note to church office: Return registration and notarized medical release forms for all campers along with sponsor forms and copies of background checks for all adult workers (If your church needs financial assistance in obtaining background checks, please notify KCKBA.). Please make the church check payable to KCKBA, 8745 Ballentine, Suite A, Overland Park, Kansas 66214.