

Who doesn't want the GREATER version of everything? This year we are SO EXCITED to offer a GREATER camp experience than ever before! We have taken every part of our program and found a way to make it GREATER! After all, isn't that what we are promised as Jesus followers? A GREATER life, a new life! We aren't just going to celebrate that reality this summer. We are going to get at GREATER understanding of what it means and should look like. DON'T MISS THIS CAMP EXPERIENCE. GET YOUR APP IN ASAP!

JUNE 15TH - 20TH

CAMP JUBILEE

Space is limited so turn in your app ASAP. Apps and payments need to be placed in Derek's box at his office. If you have questions contact Derek at 362-4985.
(App Deadline is May 31 or when space fills)

Cost of Camp:

If your family is an active part of Lebanon Baptist Church:

Early Bird Price...\$95.00

(a non-refundable deposit of \$25 is due with app to secure your space.)

After June 7th...\$125.00

All other registrations, your cost is...\$145.00.

(full payment is due with registration app)

Name	<input type="text"/>	
Age	<input type="text"/>	Grade Next Fall <input type="text"/>
Address	<input type="text"/>	
	<input type="text"/>	
Parent(s)	<input type="text"/>	
Phone	<input type="text"/>	
Cell	<input type="text"/>	
Email	<input type="text"/>	
Emergency Contact	<input type="text"/>	
Emergency Phone	<input type="text"/>	
Relation to Camper	<input type="text"/>	

Leaving times, packing list, and other important guidelines will be available online and at Lebanon Baptist Church after May 22. If you would like a copy emailed to you contact the church office at (336) 621-0597.

Check the appropriate T-shirt size for your camper.

- Youth Med Youth Large Adult Sm Adult Med Adult Large Adult XL

Is your child a competent swimmer?

- Yes No All campers must be able to pass the swim test to swim, jump or dive in the "deep end".

Medical Information:

This form must be completed and turned in prior to your child being admitted into camp! All medicine must be turned in to the camp nurse, along with written instructions for each medication.

_____ I give permission for the camp nurse to administer an initial dosage of over the counter pain/feaver reducing medication (At appropriate dossage level to my child. Initial for permission)

Please check below IF your child has:

- Asthma Diabetes Kidney Injuries Seizure Disorder Heart Condition MRSA Other (Explain)

Please check below IF your child has allergic reactions, or sensitivity, to:

- Bee Sting Nuts Dairy Latex Other _____

According to our standards, each camper must be immunized against the following: Polio, Measles, Mumps, Rubella, Diphtheria, Tetanus, and Whooping cough. If the student requires medication, I understand that I am obligated to ensure that the medication and the Medication Authorization Form are complete and accurate. (If ordered by the student's physician, an epi-pen must be provided for all activities.) Parents/Guardians are responsible to inform camp directors and nurse of any medical conditions or exposures that could be of concern for their child, other children, and/or staff.

I am in accord with the purposes of and procedures governing this program. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any activity/trip, which situations or problems are not reasonably within the control of the supervising adult staff (including volunteers). We further agree to release and hold harmless the camp or church that you came with, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services. In the event of an injury requiring medical attention, I hereby grant permission to the supervising leaders(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising adult or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located. In the event that a student must return to home independently for reasons of health, accident, failure to conform to rules established by the staff in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Parent Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____