

# BOYS CAMP 2018



## 2018 Information and Authorization

Please print or type—fill out completely. Duplicate as needed.

**For:** Boys completed grades 1—6 and their adult counselors  
**Where:** Camp WO-ME-TO, Jarrettsville, Maryland  
**When:** Thursday, August 2 (5 p.m.) through Sunday, August 5 (2:30 p.m.)  
**Cost:** \$185 per camper; \$90.00 per counselor

Please register me for:

Boys Camp (August 2-5) Camp WO-ME-TO

Registration/Payment **Deadline: July 20, 2018**

Enclosed is my check or money order payable to Baptist Convention of MD/DE

**Mail registration to:** Baptist Convention of MD/DE, 10255 Old Columbia Road, Columbia, MD 21046-1716,  
Attention: Niki Taylor

**For Additional information:** Please contact Niki Taylor at 410-290-5290 ext 226 or email at [NTaylor@bcmd.org](mailto:NTaylor@bcmd.org)

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## **PLEASE PRINT:**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Last grade completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home telephone \_\_\_\_\_

Parent/s or Guardian/s Name \_\_\_\_\_ Email: \_\_\_\_\_

Is the camper a Christian? \_\_\_ Church member? \_\_\_ Of what church? \_\_\_\_\_

Has the camper been to camp before? \_\_\_\_\_ if so, what camp? \_\_\_\_\_

What are the camper's hobbies? \_\_\_\_\_

Does the camper swim? \_\_\_\_\_ Is the camper subject to sleepwalking? \_\_\_\_\_ Bed wetting? \_\_\_\_\_

Does the camper have a handicap that would prohibit full participation in the camping program? \_\_\_\_\_

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Inoculation date—DPT \_\_\_\_\_ Has the camper been exposed to communicable diseases in the past three weeks? \_\_\_\_\_ What diseases? \_\_\_\_\_

Describe any reason camper's activities should be limited \_\_\_\_\_

What special medications does the camper take? \_\_\_\_\_

What medications will the camper bring to camp? \_\_\_\_\_

What do you want your child to learn from this camping experience? \_\_\_\_\_

**Please complete health/treatment authorization form (next page).**

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## 2018 Information and Authorization Form **PLEASE PRINT all information**

### **Authorization for Treatment**

If a medical emergency should arise while my child is at camp and I cannot be contacted, I hereby give permission to the camp director to select a physician and/or physicians, to hospitalize, treat, and to order injections, anesthesia, or surgery for my child whose name is:

Camper's Name \_\_\_\_\_

\*Signature of Parent or Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

### **Insurance information required for camp admission**

\*Parent Primary Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

Check and give approximate dates for conditions which the camper has experienced. (**Information required for camp admission**)

#### **HEALTH HISTORY**

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension
- Mononucleosis
- Psychiatric Treatment

#### **DISEASES**

- Chicken Pox
- Measles
- German measles
- Mumps
- Hepatitis B
- HIV
- Other (Specify) \_\_\_\_\_

#### **ALLERGIES (dates not needed)**

- Hay Fever
- Poison Ivy, etc.
- Insect Stings
- Penicillin
- Other Drugs
- Asthma
- Tetanus Shot

### **Authorization for Swimming**

The Camp Wo-Me-To pool has a shallow water section and a deep water section. Campers who want to swim in the deep water **must** pass a swimming test by our lifeguards. There are lifeguards on duty at all times. No camper will be allowed in the pool area without a signature below.

**Check one:**      Advanced Swimmer                       Average Swimmer                       Non—Swimmer

\_\_\_\_\_ is granted my permission to go swimming while attending camp.

Signature of parent or guardian \_\_\_\_\_

### **In Case of an Emergency**

Notify: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Day Number: \_\_\_\_\_

Night Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Physician to be notified: \_\_\_\_\_ Telephone \_\_\_\_\_

**Please print name**

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## Baptist Convention of MD/DE Release Form

Boys Camp

I, \_\_\_\_\_, hereby grant permission to the Baptist Convention of MD/DE to use and retain the right to use any photos, videos, statements, and testimonial notes by, about or of me, captured during \_\_\_\_\_ (event name and dates), in any media, advertising, publicity, commercial, FaceBook posting or other business purposes conducted by the Baptist Convention of MD/DE. I agree to allow use of any images or declarations and waive all right to compensation or ownership of the materials.

If under 18 years old: I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

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## **\*BCMD SUMMER BOYS CAMP SUNSCREEN AUTHORIZATION**

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use of sunscreen at youth camps. In order to operate a camp in the state of Maryland, we must abide by the policy as outlined below.

Please read the following regarding use and application of sunscreen at the BCMD Boys Summer Camp. The authorization statement must be completed and submitted along with sunscreen labeled for your camper (one form and bottle per camper) on the first day of camp, at the start of each subsequent week (for long-term day camps), if the brand of sunscreen changes, or if a new bottle is supplied.

Please address questions about this policy to your Camp Director, Tim Arnett (timarnett1@verizon.net).

### **BCMD SUMMER BOYS CAMP SUNSCREEN POLICY**

1. Each Camper's parent/guardian must provide written permission for use and application of sunscreen on their child.
2. Sunscreen containers must be clearly labeled with the Camper's name and must be provided to Camp Staff at camp check-in. This signed authorization form must be submitted along with the sunscreen.
3. Campers should, in most instances, apply the sunscreen on their own. If assistance is needed it will be provided by Camp Staff ONLY if specifically authorized (see below).

### **BCMD SUMMER BOYS CAMP SUNSCREEN AUTHORIZATION**

Camper's Name: \_\_\_\_\_

Camper's Age: \_\_\_\_\_

SPF Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Brand: \_\_\_\_\_

I DO / DO NOT (*circle one*) give the staff at the Baptist Convention of MD/DE Summer Boys Camp permission to assist in applying sunscreen to my child. I understand that this may require the staff member to touch my child's face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other staff members. I understand that the staff will not apply sunscreen to my child's front torso or upper legs, but will assist and/or direct the child to do so. If sunscreen is not provided by the camper, the signature below provides authorization or refusal, based on the selection circled above, to apply sunscreen provided by the camp if available.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date