



## 2022 G.W.B.A. SENIOR CAMP APPLICATION

**July 12-16** (Tuesday Noon – Saturday Noon)

For Students Who Have Finished Grades 7-12

**Cost: \$185 (A Late Registration Fee of \$25 will be applied to all applications received after June 1st.)**

**Registration begins in the chapel on Tuesday, July 12th at 12:30pm.**

*\*Eat lunch before you come to camp.*

**Please fill out both front and back of this form completely. Thank you!**

I have read & agree to abide by the Camp Guidelines and Dress Code – Note changes on the form to Dress Code.

**Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Gender: M or F

**Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Grade the Camper has just finished in 2021-22:** 7 8 9  
10 11 12

**Circle Camper's T-shirt size:** Youth L Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parents/Guardians:** Mother \_\_\_\_\_ Father \_\_\_\_\_

**Name of church with which you are coming:** \_\_\_\_\_

**Name of person(one) you would like to bunk with**(no guarantees, but we will do best we can): \_\_\_\_\_

**The following is to be filled out by Youth camper: BLACK INK (Please print)**

Has a church ever voted to accept you into their membership? (Circle one.) YES / NO

If YES, please list the name and city of your church: \_\_\_\_\_

\_\_\_\_\_

In your own words, what is the Gospel? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many years have you been coming to the GWBA Church Youth Camp? \_\_\_\_\_

**GWBA CAMP EMERGENCY MEDICAL FORM FOR YOUTH- Must be filled out by an Adult**

**Emergency numbers to reach parents or guardians: (Make sure these numbers work consistently)**

<sup>1</sup>Name & Phone# \_\_\_\_\_ <sup>2</sup>Name & Phone# \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Number \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you received required immunizations against childhood diseases as recommended by the Illinois Department of Public Health? ( ) yes ( ) no

List any Medication allergies: \_\_\_\_\_

List all medications you are currently taking and reasons for taking them:

\_\_\_\_\_  
\_\_\_\_\_

List any Food allergies (Please call Brianna Trowbridge @ 618-554-5330 if you have a severe food allergy for registration information): \_\_\_\_\_

\_\_\_\_\_

List any other allergies: \_\_\_\_\_

Provide additional information you feel would be helpful concerning the emotional and physical health of the individual: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**In the event of an emergency, I \_\_\_\_\_ (Parent or Guardian), give my consent to Greater Wabash Baptist Association Youth Camp staff to take my child, (Child's Name) \_\_\_\_\_, to the hospital for medical treatment.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPHS**

Photos and videos will be taken during camp. Signing this disclosure gives GWBA permission to use these images to promote camp. The photos and video will not be used for any advertising.

I, \_\_\_\_\_ (Parent or Guardian), give my consent for the release of my child's (Child's Name) \_\_\_\_\_ pictures/video.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**No application will be accepted without the proper signatures.  
Please have a parent or youth leader check this form for accuracy.  
Thank you! We look forward to seeing you at camp in July!  
**\*\*You May Mail Forms & Checks (Make checks out to GWBA) to:\*\*  
GWBA, 101 NE 7<sup>th</sup> Street, Fairfield, IL 62837****

