



2022 G.W.B.A. JUNIOR CAMP APPLICATION

July 9-12 (Saturday Noon-Tuesday Noon)

For Students Who Have Finished Grades 4-7

Cost: \$145 (A Late Registration Fee of \$25 will be applied to all applications received after June 1st.) Registration begins in the chapel on Saturday, July 9th, at noon.

*Eat lunch before you come to camp.

Please fill out both front and back of this form completely. Please use ink pen. 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 2020-21: 4 5 6

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

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: Please use ink pen

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 phone numbers work consistently)

¹Name & Phone # _____ ²Name & 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 signature.
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 7th Street, Fairfield, IL 62837****

