



## Camper Registration Form

Send to: Ms. Cheryl Johnson  
3196 Zoar Road, Baxley, GA 31513  
Contact Ms. Cheryl at 912.278.5753

Camp Fee: All camps are \$90 early bird, \$100 after early bird deadline.  
Early Bird Deadline: June 30

\_\_\_\_\_ Senior (completed 7<sup>th</sup> grade & up)

\_\_\_\_\_ Junior (completed 1st-6<sup>th</sup> grades)

Name \_\_\_\_\_ Age \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Church Name \_\_\_\_\_ Pastor \_\_\_\_\_

Doctor \_\_\_\_\_ Address/Phone# \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Phone # \_\_\_\_\_ Name of Insured \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Recent Illnesses \_\_\_\_\_

### STAFF USE ONLY

Paid Nurse       Assigned A Class       Added To Online Database       Medical Form Given To

Food Allergy Information Given To The Kitchen Manager

Staff Notes:



**Head Lice Policy**

The group leader is responsible for checking all campers before they arrive at camp. Campers will be rechecked during registration. If a camper is found with lice during the week, parents will be contacted and given the option of picking their child up or having the camp staff treat the camper and allowing them to remain at camp. Parents are expected to cover the expense of the necessary treatment.

**Parental Release**

By signing this form, I hereby give permission for my child to participate in the Camp Eunice program. I assume all liability above the limits of the camp insurance policy. I will not hold Camp Eunice or its insurance company responsible for treatment or liability associated with preexisting medical conditions. Should my child sustain or incur any accident or illness while attending Camp Eunice, I hereby authorize the Director or his agent, to execute any and all documents, including any necessary releases, which might be required by medical facility to perform any emergency care on my behalf. I further agree that, in consideration of my child attending Camp Eunice, I hold the camp harmless from any action by me or my child on account of injury or damages sustained or suffered by my child while attending Camp Eunice. I hereby waive any right of legal action against Camp Eunice.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Camper's Agreement**

I agree to abide by the rules and regulations of Camp Eunice, Inc., as explained to me by the Director and the camp staff and counselors. I understand that any inappropriate actions by me could result in disciplinary actions and any misconduct on my part may require the Director to contact my parents. (Refusal to follow camp rules could result in camper being sent home at parents' expense.) As a camper, I pledge to follow the rules and support the camp staff to the best of my ability.

Signature of Camper \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Yes, I would like to purchase a Camp Eunice T-Shirt for \$10. Please check the size below.



Size: \_\_\_\_YS \_\_\_\_YM \_\_\_\_YL \_\_\_\_AS \_\_\_\_AM \_\_\_\_AL \_\_\_\_AXL \_\_\_\_AXXL

**Firearm Permission**

Camp Eunice offers a firearm instruction/target shooting activity during the camp session. This activity will take place at Camp Eunice under the direct supervision of trained officers of the Department Of Natural Resources. By checking this box you state that you do not wish for your camper to participate in the firearms and instruction shooting.

**I do not want my minor to participate in the firearm instruction/target shooting activity.**

By **NOT** checking you agree to:

- Allow your camper to participate in the firearms instruction and target shooting activity under the supervision of the Department of Natural Resources Instructor.
- Not hold Camp Eunice liable to any injuries incurred due to accident, negligence, wrongful handling of weapons, acts of God,
- You acknowledge and understand that said activity will involve the use of actual firearms by both adults and campers.

Please list any conditions which would require special attention for your camper during this activity (i.e. visually impaired, overly sensitive to loud noises, any mobility impairments, etc):

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Signature of Parent \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Publication Permission**



I do hereby agree to grant Camp Eunice, Inc. the right to publish my campers likeness and voice through such media including but not limited to video, images, and audio recordings for the purpose of publication in flyers, magazines, radio spots, television spots, social media, website postings, and all other forms deemed proper by Camp Eunice, Inc. for the purpose of advertisement for the camp. It is understood that all forms of media created published, performed, or recorded shall not require your review or approval to be published in said media.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Information Form**  
**\*\*\*CONFIDENTIAL\*\*\***

Camper has had the following conditions: (Please check all that apply.)

Chicken Pox       Measles       3-day Measles       Hepatitis  
 Scarlet Fever       Asthma       Rheumatic Fever       Other \_\_\_\_\_

Camper has had problems with the following:

Heart       Skin       Ears       Tonsils       Bedwetting       Penicillin

List any known allergies (i.e. food, medication, animal, plant, etc.):

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List any pertinent medical history:

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List any medications with the dosage and time(s) given:

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