

**GARAYWA CAMP & CONFERENCE CENTER**  
**2018 Summer Missions Day Camp Registration Form**

**REGISTRATION OPENS JANUARY 4, 2018**

**A FULL PAYMENT OF \$25 PER CAMPER PER DAY MUST BE MAILED WITH THIS COMPLETED**

**REGISTRATION FORM TO:**

**Garaywa Camp & Conference Center Day Camp**  
**312 Camp Garaywa Road**  
**Clinton MS 39056-5406**

If you have any questions, please contact Garaywa at 601-924-7034 or [tbaldwin@garaywa.org](mailto:tbaldwin@garaywa.org).

**CAMPER INFORMATION – CAMPER MUST HAVE COMPLETED 1<sup>st</sup> – 6<sup>th</sup> GRADE**

Full Name of Camper \_\_\_\_\_ Name Camper Goes By \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade **completed** as of June 2018 \_\_\_\_\_

Mailing Address \_\_\_\_\_ (Street)  
\_\_\_\_\_ (City, State, Zip Code)

**Please indicate session(s) attending:**

Session 1, July 2, 2018 \_\_\_\_\_ Session 2, July 3, 2018 \_\_\_\_\_

	<b>MOTHER/Legal Guardian</b>	<b>FATHER/Legal Guardian</b>
Name	_____	_____
Mailing Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
E-mail Address	_____	_____

**EMERGENCY CONTACT INFORMATION, In case of emergency and parents cannot be reached.**

Relationship to camper \_\_\_\_\_ Home Phone \_\_\_\_\_  
Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Name of church camper is coming to camp with \_\_\_\_\_ City \_\_\_\_\_

If coming with a church, camper may be released to ride with church transportation. \_\_\_\_\_ Yes \_\_\_\_\_ No

Will camper be bringing medication to camp? \_\_\_\_\_ Yes \_\_\_\_\_ No

Condition	Current Medication	Specify dose or treatment
_____	_____	_____
_____	_____	_____

Check any condition below that may require special care, medication, or diet: **(If N/A please indicate)**

\_\_\_\_ Asthma \_\_\_\_ Convulsions \_\_\_\_ Heart trouble \_\_\_\_ Diabetes \_\_\_\_ Epilepsy \_\_\_\_ Fainting \_\_\_\_ Bleeding Disorders  
\_\_\_\_ Vision Problems \_\_\_\_ Other \_\_\_\_\_

Special Instructions \_\_\_\_\_  
\_\_\_\_\_

Camper is allergic to: **(If N/A please indicate)**

Drugs \_\_\_\_\_ Foods \_\_\_\_\_ Plants \_\_\_\_\_  
Insects \_\_\_\_\_ Chemicals \_\_\_\_\_

Indicate treatment to be administered. \_\_\_\_\_

**ALL MEDICINES** are given to the Camp Nurse at registration. Medications will be administered according to written instructions from the parent or doctor if prescription medication. If it is necessary to send medication with the camper, **IT MUST BE IN THE ORIGINAL CONTAINER. ALL PRESCRIPTION MEDICATIONS MUST HAVE THE ORIGINAL PHARMACY LABEL ATTACHED CLEARLY IDENTIFYING THE CAMPER IN ORDER TO BE ADMINISTERED, INCLUDING INHALERS AND EPIPENS. SAMPLE PRESCRIPTION MEDICATIONS MUST BE ACCOMPANIED BY SIGNED, WRITTEN INSTRUCTIONS FROM THE PHYSICIAN. MEDICATIONS NOT IN THE ORIGINAL PROPERLY-LABELED CONTAINER WILL NOT BE ADMINISTERED AT CAMP. ADULTS BRINGING CAMPERS ARE NOT TO LEAVE CAMPERS WITH MEDICATION AT CAMP UNTIL MEDICATION IS PROPERLY CHECKED IN WITH THE NURSE.**

If you have any questions concerning this, please call the camp office.

My child can have the following with the agreement of the camp nurse on duty.

Tylenol/Advil	For headache	<input type="radio"/> Yes <input type="radio"/> No
Pepto Bismol	For stomach distress	<input type="radio"/> Yes <input type="radio"/> No
Topical Medications	For cuts & abrasions	<input type="radio"/> Yes <input type="radio"/> No

Does your child have any physical, emotional, or behavioral difficulties that we need to know about in order to serve your child better while at Garaywa?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**Garaywa is not equipped to handle some persons with certain emotional, mental, or physical disabilities. Contact the Camp Director for consultation. If your child has emotional or behavioral difficulties that inhibit her ability to interact successfully and safely in group situations, you may want to consider selecting a camp environment that is designed to meet his/her special needs.**

## **MEDICAL RELEASE & GARAYWA POLICIES**

This health history is correct, as far as I know, and the person herein described has permission to engage in all camp activities at Camp Garaywa, except as noted by me. I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above.

- Registration opens at **9:00am**, and **Day Camp begins at 9:30am**. Campers should not arrive before 8:45am unless absolutely necessary. An adult will need to stay with campers until the entire group is registered.
- Please make sure your campers are picked up at 5:30.
- Campers are expected to remain at Garaywa for the entire camp session. Please do not plan for campers to leave early for any reason during camp. If there is a schedule conflict, please choose another day to attend camp.
- Campers and parents are expected to cooperate with camp personnel regarding camp policies.
- Emergency phone calls only are allowed. The Camp Director will convey any emergency messages.
- The leaders will supervise and guide their group as a unit at all times while at day camp. Campers should not be absent from their group at any time without the permission of the group leaders.
- Campers are expected to cooperate with corrective measures deemed necessary by the group leader and/or activity instructor. Corrective measures will never involve physical contact, emotional, or verbal abuse. When serious problems arise, the Camp Director will be consulted.
- Campers are expected to cooperate with the leaders. It is necessary for the campers to work together.
- When requested to do so, parents are expected to pick up a camper in the event of serious disciplinary or medical problems.
- Refund of fees can be made **no later than 15 working days** prior to your camp session date. Substitution of a camper is allowed. If you make a substitution, please check with Garaywa Camp & Conference Center for authorization. **Refunds are forfeited if not requested by the time specified.**
- A limited number of Garaywa summer camp t-shirts will be available for purchase at registration or pick-up. All sizes may not be available. These t-shirts will be sold on a first come-first served basis.
- **PLEASE DO NOT SEND SNACK FOODS OR DRINKS. SNACKS AND DRINKS WILL BE PROVIDED.**
- **PLEASE DO NOT SEND ELECTRONIC MUSIC DEVICES, SUCH AS IPODS, OR CELL PHONES WITH CAMPERS. THESE ITEMS WILL BE TAKEN FROM CAMPERS UPON ARRIVAL.**

I have read the medical release & camp policies. I understand that my child is expected to abide by the policies. The camp program is designed for my child to participate in the following activities: crafts, swimming, Bible study, mission study, worship, adventure recreation, and various group games.

SIGNED \_\_\_\_\_

**PARENT or GUARDIAN**

## **What to bring to camp**

- Wear casual clothing and closed-toe shoes
- Girls will need modest one-piece swimsuits and boys will need swim trunks for swimming each day.
- Towel
- T-shirt or cover-up for walking to and from the pool area.
- Flip-flops for use at the pool.
- Sunscreen
- Bible, pen and notebook

**RELEASE FORM**

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

These persons may pick up my camper from camp: (List all persons including parents, bus driver, etc.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

These persons may under no circumstances pick up my child:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian

**WAIVER OF CLAIMS AND RELEASE FROM LIABILITY FOR GARAYWA CAMP AND CONFERENCE CENTER**

All participants must have a waiver & release signed by parent and/or guardian.

Event: Summer Missions Camp and/or Day Camp

Child's Full Name \_\_\_\_\_

Summer camp is a wonderful experience for children that includes outdoor activities and with these activities comes risk. Our purpose in this waiver/release is not to worry you, but to point out that there are risks connected with the fun, excitement and adventure of a camp experience.

I, as parent and/or guardian of a participant at Garaywa Camp and Conference Center, am aware of the inherent risks associated with participation in camp activities included but not limited to ropes course, swimming, hiking, recreational games etc. and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury including death, that may result from my child's participation in camp activities.

I hereby consent to my child's participation and release absolutely, forever discharge, hold harmless and covenant not to cause any action at law against Garaywa Camp and Conference Center, Mississippi Baptist Convention Board, its members, representatives, officers, agents, employees and volunteers from any and all present or future liability, claims, demands, actions, whether asserted by me or a third party arising out of my child's participation in camp activities. I agree to indemnify Garaywa Camp and Conference Center and the aforesaid parties for any such claims brought by me or a third party from any costs associated with defending or litigating such claims.

I acknowledge that I have completely read and understand this agreement and all its terms and that, by signing this document I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

**PHOTO PERMISSIONS RELEASE**

Photography is a useful tool for promotion. Photos are often of Garaywa's facilities and people involved in its programs. These photos are used to record the history of the ministry at Garaywa. Some photos may be used to promote the ministry in various ways, and some may be used for promotion in publicity and posters.

**YOU MAY PHOTOGRAPH MY CHILD.**       Yes    No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian