

GARAYWA CAMP & CONFERENCE CENTER
2024 Family Camp Registration Form
JUNE 20-22

A FULL PAYMENT OF \$250 PER FAMILY UNIT (Up to 4 Members; \$15 per additional member)

MUST BE MAILED ON OR
AFTER JANUARY 8th WITH THIS COMPLETED REGISTRATION FORM TO

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

Original forms only – no photocopies

If you have any questions, please
contact Garaywa at 601-924-7034 or jeast@garaywa.org.

Father's Name (**IF N/A, PLEASE INDICATE**): _____

Date of Birth: _____ Age: _____ T-Shirt Size: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

Mother's Name (**IF N/A, PLEASE INDICATE**): _____

Date of Birth: _____ Age: _____ T-Shirt Size: _____

Phone: _____ Email: _____

(1) Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Grade: _____ Gender: _____ T-Shirt Size: _____

(2) Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Grade: _____ Gender: _____ T-Shirt Size: _____

Church Family attends: **IF N/A, PLEASE INDICATE.**

City _____

Father's Information:

Check any condition below that may require special care, medication, or diet. **IF N/A, PLEASE INDICATE N/A.**

___ Asthma ___ Convulsions ___ Heart trouble ___ Diabetes ___ Epilepsy ___ Fainting ___ Bleeding Disorders
___ Concussion ___ Bedwetting ___ Sleepwalking ___ Vision Problems ___ Other _____
___ None of the above.

Special Instructions. _____

Father is allergic to: **IF N/A, PLEASE INDICATE N/A.**

Drugs _____ Foods _____ Plants _____
Animals _____ Insects _____ Chemicals _____
_____ No known allergies

Indicate treatment to be administered. _____

Mother's Information:

Check any condition below that may require special care, medication, or diet. **IF N/A, PLEASE INDICATE N/A.**

___ Asthma ___ Convulsions ___ Heart trouble ___ Diabetes ___ Epilepsy ___ Fainting ___ Bleeding Disorders
___ Concussion ___ Bedwetting ___ Sleepwalking ___ Vision Problems ___ Other _____
___ None of the above.

Special Instructions. _____

Mother is allergic to: **IF N/A, PLEASE INDICATE N/A.**

Drugs _____ Foods _____ Plants _____
Animals _____ Insects _____ Chemicals _____
_____ No known allergies

Indicate treatment to be administered. _____

(1) Child's Information:

Check any condition below that may require special care, medication, or diet. **IF N/A, PLEASE INDICATE N/A.**

___ Asthma ___ Convulsions ___ Heart trouble ___ Diabetes ___ Epilepsy ___ Fainting ___ Bleeding Disorders
___ Concussion ___ Bedwetting ___ Sleepwalking ___ Vision Problems ___ Other _____
___ None of the above.

Special Instructions. _____

Camper is allergic to: **IF N/A, PLEASE INDICATE N/A.**

Drugs _____ Foods _____ Plants _____
Animals _____ Insects _____ Chemicals _____
_____ No known allergies

Indicate treatment to be administered. _____

(2) Child's Information:

Check any condition below that may require special care, medication, or diet. **IF N/A, PLEASE INDICATE N/A.**

___ Asthma ___ Convulsions ___ Heart trouble ___ Diabetes ___ Epilepsy ___ Fainting ___ Bleeding Disorders

___ Concussion ___ Bedwetting ___ Sleepwalking ___ Vision Problems ___ Other _____

___ **None of the above.**

Special Instructions: _____

Camper is allergic to: **IF N/A, PLEASE INDICATE N/A.**

Drugs _____ Foods _____ Plants _____

Animals _____ Insects _____ Chemicals _____

___ **No known allergies**

Indicate treatment to be administered. _____

PHOTO PERMISSIONS RELEASE

I know that media will be used to capture pictures and video of camp activities in which my family will participate. I give my consent and permission for the taking of photographs and/or video of my family during said activities. I grant to Garaywa Camp and Conference Center the right to use these materials to record the ministry at Garaywa Camp and Conference Center and/or for promotional purposes.

I GIVE MY CONSENT. Yes No

Signed: _____ Date: _____
Parent or 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, Day Camp, Co-ed Missions Camp, Family Camp, Deaf Camp

Adult Participant's Full Name _____

Adult Participant's Full Name _____

Child Participant's Full Name _____

Child Participant's Full Name _____

Summer camp is a wonderful experience for campers 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 including 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. I hereby release absolutely, forever discharge, and hold harmless 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 and covenant not to bring or cause any action in equity or at law against Garaywa Camp and Conference Center, Mississippi Baptist Convention Board, its members, representatives, officers, agents, employees and volunteers for 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.

Parent and/or Guardian Printed Name: _____

Parent and/or Guardian Signature : _____