

GARAYWA CAMP & CONFERENCE CENTER
2025 Summer Missions Camp Registration Form

A FULL PAYMENT OF \$200 PER CAMPER (Girl's & Student's Camps)/
\$145 PER CAMPER (COED Camps, Boys Camp & Girls Mini Camp)

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

You may also register online at www.garaywa.org. If you have any questions, please contact Garaywa at 601-924-7034.

CAMPER INFORMATION

Full Name of Camper _____ Name Camper Goes By _____

Age _____ Date of Birth _____ Gender _____ Grade **completed** as of June 1, 2025 _____

Mailing Address _____ (Street)
_____ (City, State, Zip Code)

Cabin Mate Request: _____ You may list up **TWO** cabin mates.

IMPORTANT: In an effort to meet the developmental needs for each camper, we will be dividing the campers in cabins so that they are no more than one grade level apart. We would like to ensure that a camper who just finished 2nd grade is not in the cabin with campers who have finished 6th grade. This will allow us to talk with each group on their own level during Bible Study, low ropes, devotions, etc.

For Girl's & Student's Missions Camps we will allow groups of 3 girls to be together as long as all three request this arrangement. It is very important to mark those who would like to room together. Changes **CANNOT** be made at the registration desk at camp.

DATES REQUESTED:

Summer Camp Weeks:

Girl's: June 2-6, 9-13, 16-20, 23-27

Student's: June 9-13, 23-27

Mini Camp: July 7-9, 21-23

Boys Camp: July 7-9

*Coed Camp: July 10-12, 14-16, 17-19

Girls 1st Choice _____
(Completed
2nd - 6th grades) 2nd Choice _____
3rd Choice _____

Students 1st Choice _____
(Completed
7th-12th grades) 2nd Choice _____

*Coed Camp 1st Choice _____
(Completed 1st-6th) 2nd Choice _____

Boys Camp _____
(Completed 2nd-6th grades)

If this form is for a Chaperone please check the box and continue filling out the form.
Chaperones must be 21 or older.

FAMILY INFORMATION

MOTHER/Legal Guardian

FATHER/Legal Guardian

Name	_____	_____
Mailing Address	_____	_____
City, State, Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
E-mail Address	_____	_____

***Email address will only be used to send out an invoice once your camper is registered. ***

Can camper be released _____
to this contact? _____

Please check appropriate box:

Parents Married Parents Separated Parents Divorced

Camper lives with:

Both parents Mother Father Other Joint custody

If other, please complete:

Name _____ Relationship to camper _____

Mailing Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

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

Relationship to camper _____ Home Phone _____

Name _____ Work Phone _____

Mailing Address _____ Cell Phone _____

City, State, Zip _____ E-mail address _____

Can camper be released _____
to this contact? _____

CAMPER PROFILE

What church is camper coming to camp with? _____ City _____
(If camper is not coming with a group, please indicate in the space above what church she/he attends.)

PLEASE SPELL OUT THE NAME OF YOUR CHURCH AND INCLUDE THE CITY.
For example, First Baptist Church Biloxi or Covenant Presbyterian Church Jackson.

What church does the camper attend, if different from above? _____

Is the camper a Christian? Yes No A church member? Yes No

T-Shirt Size Youth Medium Youth Large Adult Small Adult Medium
 Adult Large Adult XL Adult XXL Adult 3XL

Is this the camper's first time away from home for a week or more **without family**? Yes No

Has she/he ever experienced homesickness? Yes No

Does camper have siblings or extended family members at camp this week? Yes No

Are there any special situations going on with your child? (For example, recent death in the family, recent move, etc.)

List the camper's hobbies or talents _____

List & explain the camper's fears and concerns, if any. _____

Any other information that would help to improve your child's camp experience. _____

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

HEALTH HISTORY – ALL BLANKS MUST BE COMPLETED OR WILL BE RETURNED. IF N/A, PLEASE INDICATE.

Health insurance company or organization providing benefits or services. IF N/A, PLEASE INDICATE N/A.

Insurance company _____ Policy/ID number _____

Company Address _____

Doctor's name & phone number _____

Camper will be under the care of a physician for the following conditions while she attends Garaywa:

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

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. _____

ALL MEDICINES are given to the Camp Nurse at registration. No medications are allowed to be taken to the cabin. Medications will be administered according to written instructions from the doctor or parent. It is not necessary to send aspirin, Tylenol, cold remedies, or first aid supplies. The Camp Nurse has these. 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.

Has female camper started menstruation? Yes No If yes, does she have problems with menstruation?
If yes, please explain. _____

Does your child have any physical, emotional, or behavioral difficulties that we need to know about in order to serve your child better while she/he is 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/his ability to interact successfully and safely in group situations, you may want to consider selecting a camp environment that is designed to meet her/his special needs.

Contact Christian Camp and Conference Association @ (719) 260-9400 for camp guides and assistance.

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

Tylenol/Advil	For headache, ear ache, temperature	<input type="radio"/> Yes <input type="radio"/> No
Benadryl	For poison ivy, nasal problems	<input type="radio"/> Yes <input type="radio"/> No
Dramamine	For nausea	<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

Please provide the date of the last tetanus or booster: _____

IMPORTANT! Please notify the camp if this camper is exposed to any communicable disease (such as lice, scabies, strep, etc.) during the **three weeks prior** to camp attendance.

MEDICAL RELEASE & GARAYWA POLICIES

The health history is correct, as far as I know, and the person herein described has permission to engage in all camp activities at 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 begins at 9:00am on Monday mornings. Each church, group, or individual camper will be given a specific time for check-in time. Please don't arrive before 8:45am.
- Campers are expected to remain at Garaywa for the entire camp session. Please do not plan for campers to leave for any reason during camp or leave early on the last day. If there is a schedule conflict, please choose another camp session to attend.
- Campers and parents are expected to cooperate with camp personnel regarding living area assignments.
- Emergency phone calls only are allowed. The Camp Director will convey any emergency messages.
- The cabin leaders will supervise and guide the cabin as a unit at all times from registration on Monday until the camper leaves on Friday at noon. Campers should not be absent from their group at any time without the permissions of the cabin leaders.
- Campers are expected to cooperate with corrective measures deemed necessary by the cabin 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 cabin 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.
- On the last day of camp, parents and leaders are invited to watch our closing session via Facebook live at 9:30am. The camp store will be open after the closing session. Once the closing session is over, adults may pick up their campers from their cabins. You will need to check out your campers from their cabin leaders.
- **PLEASE DO NOT SEND SNACK FOODS, RAZORS (2nd-6th GRADES), ELECTRONICS, SUCH AS IPODS, IPADS OR CELL PHONES WITH CAMPERS. THESE ITEMS WILL BE TAKEN FROM CAMPERS UPON ARRIVAL ON MONDAY.**

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 her/him to participate in the following activities: crafts, swimming, Bible study, mission study, worship, adventure recreation, ropes course and various group games.

SIGNED _____
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

Child's or Adult 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 : _____

PHOTO PERMISSIONS RELEASE

I know that media will be used to capture pictures and video of camp activities in which my child will participate. I give my consent and permission for the taking of photographs and/or video of my child 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