

**Thank you for completing and returning your registration AND payment by October 31, 2023.**

**KNOW THAT THE STEEP FEES ASSURE ADEQUATE FOOD, HOUSING AND ADULT SUPERVISION FOR OUR GRR YOUTH.**

	<b>Dates</b>	<b>Location</b>	<b>Early Bird Registration (10/22)</b>	<b>Fee ON &amp; AFTER (10/23)</b>
Fall Fandango <b>(open to Grades 6-12)</b>	11/10-11/12	Camp Couchdale	\$ 175	\$200

I am registering as a:  Female  
 Male

YOUTH participant  
 ADULT participant/ sponsor



My T-SHIRT size is: **YS YM YL YXL / S M L XL 2X 3X**

Camper First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Camper Address: \_\_\_\_\_

City, State AND Zip: \_\_\_\_\_

Camper Church Name AND City: \_\_\_\_\_

Camper Cell : \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Camper Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Camper Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

**EMERGENCY Contacts (please list two persons w/all options for contacting them):**

1 – Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Contact Info: \_\_\_\_\_

2 – Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Contact Info: \_\_\_\_\_

**Please return ALL 4 PAGES of this form WITH PAYMENT to:**

Great River Region of the Christian Church  
 4724 Hillcrest Avenue, Little Rock, AR 72205  
 Phone: 501-562-6053 ~ www.grrdisciples.org

**Registration and payment are Due IN THE REGIONAL Office By Oct 31st!**

**Current Medical Condition(s)** All medications including over-the-counter medications must be administered by Regional Staff

Please describe current medical condition(s) and any current medications which will be sent to camp: \_\_\_\_\_

Please indicate the camper’s allergies (including medical and food allergies with any dietary restrictions): \_\_\_\_\_

Please list any disease exposure, including Chicken Pox, Mumps, Measles, COVID-19 etc.: \_\_\_\_\_

Please list any restricted activities, e.g., swimming: \_\_\_\_\_

I am current on all vaccinations \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

I am current on COVID-19 Vaccinations \_\_\_\_\_

The following medications may be dispensed by event staff as needed:

\_\_\_\_\_ Acetaminophen                      \_\_\_\_\_ Ibuprofen

\_\_\_\_\_ Pepto Bismol                      \_\_\_\_\_ Skin Creams

**\*\*\* VERY IMPORTANT INFORMATION \*\*\***

Physician’s Name: \_\_\_\_\_ Physician’s Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Claim Approval Hotline: \_\_\_\_\_

**Adult Sponsor PERMISSION TO ORDER MEDICAL PROCEDURES This is not for the YOUTH CAMPERS**

I, \_\_\_\_\_ give the adult leader(s) for this event  
(Your Name)

permission to order any necessary medical procedures for myself.

I understand that Event insurance (paid by GRR) is secondary coverage only. Primary responsibility for medical treatment belongs to me and to my health insurance provider. I agree not to hold liable for any uninsured medical expenses the Great River Region, its employees and agents.

⇒ \_\_\_\_\_  
**Adult Sponsor’s Own Signature**

\_\_\_\_\_  
**Date**

Registration and payment are Due IN THE REGIONAL Office By Oct 31st!!

**Parent/Guardian PERMISSION TO ORDER MEDICAL PROCEDURES (Section I)**

I, \_\_\_\_\_ give the adult leader(s) for this event  
(Parent/Guardian Name)  
permission to order any necessary medical procedures for \_\_\_\_\_  
(Child's Name)

I understand that Event insurance (paid by GRR) is secondary coverage only. Primary responsibility for medical treatment belongs to me and to my health insurance provider. I agree not too hold liable for any uninsured medical expenses the Great River Region, its employees and agents.

⇒ Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian PERMISSION FOR YOUTH TO PARTICIPATE (Section II)**

I, \_\_\_\_\_ do hereby give permission for my child  
(Parent/Guardian Name)  
(named above) to participate in the above referenced event, including other locations connected with the event and transportation to/from those locations.

I furthermore agree to immediately pick up my child from the event should my child be found to possess alcohol, controlled substances or tobacco; verbally, physically or sexually assault another; engage in illegal activity; or blatantly disregard other event guidelines or instructions from event leaders. I am in full agreement with the intent of this event, i.e., to assist my child in developing a deeper relationship with Jesus Christ and growing into the person God has called my child to become.

⇒ Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian MEDIA RELEASE (Section III)**

Typically, during GRR Youth Experiences, staff & participants capture the event on film or video. GRR asks your permission to publish such photographs and videos in connection with GRR Youth Experiences promotional materials.

\_\_\_\_\_ YES, I DO give permission for the GRR to publish photographs and videos of my child in connection with GRR Youth Experiences promotional materials.

\_\_\_\_\_ NO, I DO NOT give permission for the GRR to publish photographs and videos of my child in connection with GRR Youth Experiences promotional materials.

⇒ Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth COVENANT OF CONDUCT (Section IV)**

As a youth participant, I agree to follow all rules and instructions set forward by the adult leadership of this event. If working at a work site on a mission event, I agree to follow all instructions and safety guidelines given to my by my site manager. I agree to have a good attitude throughout this event and to behave in a manner consistent with my Christian faith. I understand that if I break event rules, I can be sent home at my family's expense.

⇒ Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PASTOR'S SIGNATURE:** \_\_\_\_\_

***(Thanks for having your pastor sign this form, as it assures clear communication between your congregation and the GRR.)***

To aid our staff in caring for your child during these overnight, away-from-home events, please complete this “CAMPER PROFILE.” Also, please commit to praying for both the spiritual growth and physical safety of all of the children attending camp this summer.

**CAMPER’S NAME:** \_\_\_\_\_

- Please share your child’s expectations for camp. Please share whether this is your child’s first time at camp.
  
- Please describe your child’s personality:
  
- Please share your child’s likes & dislikes:
  
- Please share your child’s interests and talents:
  
- Please share how your child is best consoled when upset:
  
- Please indicate your child’s allergies (including food):
  
- Please review the list below and indicate any areas which cause you concern for your child. Please elaborate on such concern. Use additional paper if needed

- \_\_\_\_\_ Hyperactivity/Short Attention Span
- \_\_\_\_\_ Demanding/Aggressive Behavior
- \_\_\_\_\_ Personal Hygiene
- \_\_\_\_\_ Sleeping habits/concerns, including sleepwalking
- \_\_\_\_\_ Physical Restrictions
  
- \_\_\_\_\_ Other