

CANAAN BAPTIST CHURCH - - CAMP CANAAN 2008

CHURCH CAMP FACILITY 2477 HWY 36 E MILNER, GA. 30257

(Emergency Number: CELL (678-873-0368)

CHECKLIST & CAMP STANDARDS (for Camper to keep)

PLEASE MAKE SURE THAT EACH PERSON BRINGS:

Personal & Bath Items
Bed covering and pillow
Bible (This is a requirement for Camp.)
Pencil or pen for notes.
Spending money for canteen (optional)

THESE ITEMS ARE NOT ALLOWED AT CAMP:

Knives
Tobacco products of any kind
Drugs (except Prescription Drugs)
Magazines or books that are not of a religious or devotional nature
Cell Phones, Radios, Televisions, Video Games, Tape or CD Players.

PLEASE MAKE SURE THAT EACH PERSON FOLLOWS THE DRESS CODE:

Girls: Culottes may be worn during the day for all activities.

No Pants Or Jeans Will Be Allowed At Any Time.

Skirts or dresses will be required for the evening service each night.

CULOTTES MUST NOT BE WORN ABOVE THE KNEE NOR TIGHT FITTING

Culottes are not long shorts nor gouchos. Please see web site information sheet attached.

Boys: Jeans may be worn during all activities. Sweat pants are not to be worn during the evening services.

Miscellaneous: A sweater or light jacket for cool nights. Tennis Shoes for outside competition. (Shoes must be worn at all times when outside of the cabin.) **Clothing not allowed:** Shorts (boys or girls), tank tops, midriff or backless dresses or blouses, cutoff shirts, T-shirts with pictures of movie or TV stars, rock groups, or off-color sayings.

PLEASE HELP US IN THE MATTER OF DRESS. WE ARE WILLING TO WORK WITH YOU AND NEED YOU TO WORK WITH US.

PLEASE DO NOT BRING VALUABLES OR EXCESSIVE AMOUNTS OF MONEY TO CAMP

KEEP THIS PAGE FOR YOUR INFORMATION

CAMP CANAAN REGISTRATION

TURN IN ORIGINAL BY JUNE 15, 2008 (with applications attached)

Please FAX a copy of this registration form as soon as possible

FAX NUMBER - (770) 786-9261

Date _____

Church _____

NO	CAMPER NAME	AGE	GRADE	GIRL/BOY
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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14				
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24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
TOTAL CAMPERS X \$125.00 = \$ _____ Attached				
NO	WORKER NAME	XXXX	XXXX	Male/Fem
1		XXXX	XXXX	
2		XXXX	XXXX	
3		XXXX	XXXX	
4		XXXX	XXXX	

TOTAL WORKERS X \$50.00 = \$ _____ Attached

GRAND TOTAL No _____ \$ _____

CAMPER APPLICATION FOR CAMP CANAAN 2008

HEALTH & LIABILITY RELEASE FORM

Cost: \$125.00 - Attached ___ or by JUNE 15 ___

T Shirt included Circle Size - YL S M L XL XXL

CAMPERS NAME _____ BOY _____ GIRL _____

HOME CHURCH: _____

GRADE COMPLETED THIS YR (07-08) _____ (MUST HAVE COMPLETED 4TH GRADE)

PARENTS OR GUARDIAN _____

ADDRESS _____

TELEPHONE NUMBERS: HOME _____ DAY _____ OTHER _____

CIRCLE YES OR NO FOR EACH OF THE FOLLOWING:

ALLERGIC TO ANY MEDICINE ----- YES NO

DIABETIC ----- YES NO

CONVULSIVE DISORDER----- YES NO

ASTHMA----- YES NO

ALLERGIES----- YES NO

If yes, be specific and list: _____

ANY OTHER MEDICAL PROBLEM WE NEED TO KNOW ABOUT?

INSURANCE: COMPANY _____
EMPLOYEE _____
GROUP NUMBER _____
POLICY _____

IF THERE IS ANY OTHER INFORMATION THAT YOU WOULD FEEL IMPORTANT:

I/WE HEREBY CERTIFY TO HOLD CANAAN BAPTIST CHURCH OR ANY OF THE STAFF HARMLESS OF ANY LIABILITY RESULTING FROM ANY INJURIES SUSTAINED OR LOSS OF PROPERTY BY OUR CHILD DURING CAMP CANAAN 2008 (JUNE 22-27, 2008)

IN CASE OF ACCIDENT OR OTHER EMERGENCY, I/WE HEREBY GIVE CONSENT FOR THE CAMP STAFF [CAMP (CERTIFIED) PARAMEDIC OR CAMP (REGISTERED) NURSE] TO GIVE MEDICAL TREATMENT OR TO RECEIVE MEDICAL TREATMENT BY A REGISTERED NURSE OR LICENSED PHYSICIAN OR ADMIT TO HOSPITAL WHEN DEEMED NECESSARY.

SIGNATURES: _____ (FATHER)
_____ (MOTHER)

NOTARY _____ EXP. DATE _____ DATE _____

*** IMPORTANT! THIS FORM MUST BE NOTARIZED.**

PLEASE RETURN BY JUNE 15, 2008 TO CANAAN BAPTIST CHURCH
5581 Salem Rd. Covington Ga. 30016

WORKERS APPLICATION FOR CAMP CANAAN 2008

HEALTH & LIABILITY RELEASE FORM

Cost: \$50.00 - Attached ___ June 15 ___

T Shirt included Circle Size - YL S M L XL XXL

WORKER'S NAME _____ MAN _____ LADY _____

ADDRESS: _____

HOME CHURCH: _____

TELEPHONE NUMBERS: HOME _____ DAY _____ OTHER _____

IN CASE OF EMERGENCY - NOTIFY _____ AT PHONE NO. _____

CIRCLE YES OR NO FOR EACH OF THE FOLLOWING:

ALLERGIC TO ANY MEDICINE ----- YES NO

DIABETIC ----- YES NO

CONVULSIVE DISORDER----- YES NO

ASTHMA----- YES NO

ALLERGIES----- YES NO

If yes, be specific and list: _____

ANY OTHER MEDICAL PROBLEM WE NEED TO KNOW ABOUT?

INSURANCE: COMPANY _____
EMPLOYEE _____
GROUP NUMBER _____
POLICY _____

IF THERE IS ANY OTHER INFORMATION THAT YOU WOULD FEEL IMPORTANT:

I/WE HEREBY CERTIFY TO HOLD CANAAN BAPTIST CHURCH OR ANY OF THE STAFF HARMLESS OF ANY LIABILITY RESULTING FROM ANY INJURIES SUSTAINED OR LOSS OF PROPERTY DURING CAMP CANAAN 2008 (JUNE 22-27, 2008)

IN CASE OF ACCIDENT OR OTHER EMERGENCY, I/WE HEREBY GIVE CONSENT FOR THE CAMP STAFF [CAMP (CERTIFIED) PARAMEDIC OR CAMP (REGISTERED) NURSE] TO GIVE MEDICAL TREATMENT OR TO RECEIVE MEDICAL TREATMENT BY A REGISTERED NURSE OR LICENSED PHYSICIAN OR ADMIT TO HOSPITAL WHEN DEEMED NECESSARY.

SIGNATURE: _____

*** IMPORTANT! THIS FORM MUST BE NOTARIZED.**

PLEASE RETURN BY June 15, 2008 TO CANAAN BAPTIST CHURCH
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