

**CANAAN BAPTIST CHURCH - - CAMP CANAAN 2010**

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 to be turned in to nurse)  
Magazines or books that are not of a religious or devotional nature  
Cell Phones, Radios, Televisions, Computer Games, iPods or DVD/MP3 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 BE WORN BELOW THE KNEE & NOT 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 7, 2010 (with applications attached)**

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

PHONE 770-786-8885

FAX NUMBER - (770) 786-9261

Date \_\_\_\_\_ Church \_\_\_\_\_

Youth Worker Contact \_\_\_\_\_ Phone# \_\_\_\_\_

NO	CAMPER NAME	AGE	GRADE	GIRL/BOY	T SHIRT SIZE
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
12					
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25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
TOTAL CAMPERS X \$130.00 = \$ _____ 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 2010

## HEALTH & LIABILITY RELEASE FORM

Cost: \$130.00 - Attached \_\_\_ or by JUNE 7 \_\_\_

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

CAMPERS NAME \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

GRADE COMPLETED THIS YR (09-10) \_\_\_\_\_ (MUST HAVE COMPLETED 4TH GRADE)

PARENTS OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBERS: HOME \_\_\_\_\_ DAY \_\_\_\_\_ OTHER \_\_\_\_\_

CIRCLE YES OR NO FOR EACH OF THE FOLLOWING: INFORMATION FOR CAMP NURSE.

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 (JUNE 27-JULY 2, 2010).

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 7, 2010 TO CANAAN BAPTIST CHURCH**

5581 Salem Rd. Covington Ga. 30016

# WORKERS APPLICATION FOR CAMP CANAAN 2010

## HEALTH & LIABILITY RELEASE FORM

Cost: \$50.00 - Attached \_\_\_ June 7 \_\_\_

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

CAMPER'S NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBERS: HOME \_\_\_\_\_ DAY \_\_\_\_\_ OTHER \_\_\_\_\_

CIRCLE YES OR NO FOR EACH OF THE FOLLOWING - INFORMATION FOR CAMP NURSE:

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 (JUNE 27 - JULY 2, 2010)

IN CASE OF ACCIDENT OR OTHER EMERGENCY, I/WE HEREBY GIVE CONSENT FOR THE CAMP 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.**

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