

Sagrada Scholarship Bible Camp Registration

Please register my son/daughter for SSBC.

Name _____ Age ____ Birth Date _____ boy ____ girl ____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Parent or Legal Guardian's Name _____

Name of Church Attending _____ Church Phone _____

Camp Dates _____

Transportation is provided to and from camp. We will mail pickup locations and times the week prior to camp.

Do you need transportation? __Yes__No Please select one of the following pick up locations:

Boonville

Jefferson City

Versailles

Buffalo

Sedalia (Housing)

Warsaw

Columbia

Sedalia (K-Mart)

Independence

Springfield

Sagrada Scholarship Bible Camp does not charge for camping, but relies on God and His people to provide.

Parental Permission and Release

I/We, the undersigned, understand that while attending the Sagrada Scholarship Bible Camp, of Sagrada Missouri, the below named child may be involved in various activities, including and not limited to swimming, boating, hay rides, fishing, archery, and other traditional camp activities. I/We have familiarized myself/ourselves with these programs and activities, the physical terrain, and have reviewed the written materials provided by the camp, including but not limited to the camp brochure. In consideration of Sagrada Scholarship Bible Camp, Inc. allowing the child to attend the camp for the periods specified above and to participate in the activities. I/We do hereby grant permission for the child to attend and to participate fully in said activities. I/We understand and accept the risks and dangers involved in such activities and do hereby release Sagrada Scholarship Bible Camp, Inc. its officers and directors, its employees, agents, and the camp staff, from any and all claims, demands, actions, causes of actions of any sort, for injuries or death sustained by myself/ourselves/or the child, whether such injury occurs on or off the camp property. I/We have instructed my/our son/daughter to obey the rules of Sagrada Scholarship Bible Camp. I/We give permission for medical treatment which may be needed for their welfare.

I have read and understood the forgoing permission/release form.

Print Full Name of Parent/Guardian _____ Relationship to Child _____

XXX Signature _____ **Date** _____

**If for any reason you do not want your child's picture used in promotional and sponsorship material sign here _____*

Sagrada Scholarship Bible Camp

28465 Hillside Rd
Lincoln, MO 65338

Phone: (660) 668-3808
Fax: (660) 668-3757

Email: Sagrada@iland.net
Web: www.sagradabiblecamp.org

Please complete Health History on the back of this Registration form. →→→

Health History

Please fill this out to the best of your ability.

Camper Name _____ Birth Date _____ Age _____ M/F _____

Home Address _____ Phone (____) _____

Emergency Contact #1 _____ Home Phone (____) _____ Cell or Work Phone (____) _____

Emergency Contact #2 _____ Home Phone (____) _____ Cell or Work Phone (____) _____

Family Physician _____ Phone (____) _____

Do you carry medical insurance? **Y/N** Carrier and Policy # _____

Please circle yes or no for the following. If answer is yes, please give approximate date.

Health History:	Y/N	Date		Y/N	Date
Frequent Ear Infections	Y/N	_____	Heart Defect/Disease	Y/N	_____
Convulsions/Seizures	Y/N	_____	Diabetes	Y/N	_____
Bleeding Disorder	Y/N	_____	Hypoglycemia	Y/N	_____
Menstrual Disorder	Y/N	_____	Mononucleosis	Y/N	_____
Asthma	Y/N	_____	Chicken Pox	Y/N	_____
Measles	Y/N	_____	German Measles	Y/N	_____
Mumps	Y/N	_____	Hay Fever	Y/N	_____

Allergies:

Insect Stings Y/N If so, what kind? _____
Penicillin Y/N
Other Drugs Y/N If so, which ones? _____

Immunizations: Are they up to date as required by public schools? **Y/N**

Surgery or Serious Injury:	What type?	Date?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Disability or Chronic Illness? **Y/N** If so, explain. _____

- Do you have any physical limitations or medical conditions preventing you from performing certain types of activities relating to children or youth? **Y/N**
- Are there any activities limited or encouraged at the advice of a physician? **Y/N** If so, explain. _____

Dietary Modifications or Food Allergies? **Y/N** _____

Current Medications (include instructions)? **Y/N** _____

This health history is correct to the best of my knowledge and the person herein described is fit to engage in all the prescribed activities except as noted. _____

Release: I do hereby release SSBC Inc., and its staff and officers from any liability in the case of accident, illness, or injury during my participation at camp, whether such occurs on or off camp property. I authorize any medical treatment that may be needed for my/his/her (name) _____ welfare.

XXX Signature _____ **Date** _____