

**RA and Challengers Camp Windermere  
Registration Form**

**July 6-10, 2009**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Circle school grade completed (must have completed 3<sup>rd</sup>)

3 4 5 6 7 8 9 10 11 12

Most recent Campcraft patch earned (circle one):

Discover 3 Hiker Camper Woodsman

Frontiersman Backpacker Trip Camper

**FOR PARENTS:**

I understand that registration begins at 2:00 p.m. on Monday. Campers are registered with the understanding that they be at camp the entire week and remain until camp is over. Please arrange to have your son picked up by 11:00 a.m. on Friday.

**PERMISSION** is hereby given for \_\_\_\_\_ to swim under camp supervision and to engage in other program activities. The health certificate lists the activities, if any, from which he should be restricted.

Signed \_\_\_\_\_  
Parent/Legal Guardian

**THE CAMP FEE:**

\$135 for RA Camp and \$135 for Challenger Camp covers the cost of registration, meals, lodging and insurance. Make check payable to **RA Camp Windermere**.

**TO REGISTER:**

Send the completed registration, health forms and \$50 deposit for each person to Larry Pape | RA Camp Windermere | 19453 Fox Meadow Lane | Marthasville, MO. 63357. Registration will not be accepted unless the health form also is complete.

**PLEASE NOTE REGISTRATION DEADLINES:**

RA Camp is limited to the first 50 boys. Challenger Camp is limited to the first 25 boys. Registrations must be postmarked by **June 22, 2008**.

Are you a Christian? (circle one) Yes No

Are you a church member? (circle one) Yes No

Church \_\_\_\_\_

Pastor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**Please complete Medical form before mailing.**

Sponsored by RA Camp Windermere  
Phone 636-946-8499 donaldtooley@charter.net  
Phone 636-398-8997 or 314-413-3889 LPAPE@centurytel.net

**MEDICAL RELEASE FORM**  
**Windermere Baptist Conference Center**

Name of Group: \_\_\_\_\_ Dates of Stay: \_\_\_\_\_

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Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security #: \_\_\_\_\_ Sex: (M/F)

E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian:**

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Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Other person to notify in event of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_

This persons phone number Daytime: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

My Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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*Please supply ALL of the following information. Please attach a copy of your insurance card.*

Medical Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insured Policy Holder's Name (Adult):  
\_\_\_\_\_

Insured Policy Holder's Birthdate (Adult): \_\_\_\_\_

Company Address: \_\_\_\_\_ Company Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain medications, rare blood type, wears contact lens, etc.): \_\_\_\_\_

List all medication you take on a regular basis and/or any you bring with you to Windermere (Prescription medications MUST have pharmacy label and name of doctor): \_\_\_\_\_

Date of last Tetanus Shot: (Month) \_\_\_\_\_ (Date) \_\_\_\_\_ (Year) \_\_\_\_\_

Camper has permission to engage in all camp activities except (list all prohibited activities):  
\_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the Windermere Staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, x-ray or surgery for my child named above.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

*Windermere Baptist Conference Center provides a limited medical incident reimbursement. First Aid or the Guest Relations Front Desk must be notified of all medical incidents that occur on the premises. Medical protection is provided to cover medical expenses for the volunteer workers and guests while at Windermere Baptist Conference Center or at conference-sponsored activities away from the Conference Center. If you are a camper then you are provided medical coverage on an excess basis. In addition, an accidental death benefit may be provided for any covered individuals. Windermere guests who do activities or use modes of transportation (not limited to land or water) not sponsored or owned by Windermere hereby release Windermere from all liability for claims, known and unknown, arising from injuries, mental and physical, caused and sustained by guest. Further, such guest will reimburse Windermere, on demand by Windermere, for the cost of any repairs to the Windermere premises or property damaged by guest through misuse, accident or neglect.*