

**2015**  
**TROUP BAPTIST CHILDREN'S CAMP**  
**ROCKRIDGE BAPTIST ASSEMBLY: June 22-25, 2015**

**Ages – 8 Years - Rising 6<sup>th</sup> Graders**  
Please Register **EARLY** for Summer Camp

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent(s)' Name(s) \_\_\_\_\_

Church \_\_\_\_\_

D/O/B \_\_\_\_\_ Age \_\_\_\_\_ Will be in: 2, 3, 4, 5, 6 grade this fall.

Male \_\_\_\_\_ Female \_\_\_\_\_ T-Shirt Size: YM YL AS AM AL AXL

**Parents or Guardians: Please carefully read the following information.**

1. Campers will arrive on Monday Morning at 9:00 AM & depart between 7:30 – 8:00 PM on Thursday after Parent's Night, which will begin at 7:00 PM. Transportation to camp on Monday morning will be provided!
2. Please return this application to: Troup Baptist Association, P.O. Box 550, LaGrange, GA 30241. **The total cost for Children's Camp is \$155.00. (If your application is submitted by the deadline of Monday, June 15, 2015, you will receive a \$10.00 discount and the fee will only be \$145.00 plus you will receive a free camp DVD).** For late applications, the cost for camp DVD's will be \$5.00 each. **All applications and fees must be received by Troup Baptist Association before 2:30 pm on Friday, June 19, 2015.** The camp fees include a camp t-shirt, which will be given to all campers upon arrival at Rockridge. The entire camp fee should be sent along with the registration form.
3. Registration will begin immediately. First come, first served. When capacity is reached, names will be placed on a waiting list in the event we have cancellations.
4. All campers are to stay the entire time at camp, are not permitted off the grounds, and are expected to obey all camp rules.
5. Please fill out the health form and return with application and money to the Association Office. **PARENT SIGNATURE ON THE HEALTH FORM MUST BE WITNESSED!**

BY SIGNING THIS FORM, I AM GIVING MY CHILD PERMISSION TO ATTEND ROCKRIDGE. I UNDERSTAND THAT MY CHILD WILL BE REQUIRED TO ABIDE BY ALL CAMP POLICIES AND PROCEDURES HEREIN DESCRIBED. I ALSO GIVE PERMISSION FOR MY CHILD TO BE INCLUDED IN VIDEOS AND PICTURES TAKEN AT CAMP ROCKRIDGE.

\_\_\_\_\_ Signature of Parent or Guardian

**Authorization to Consent to Treatment of a Minor**

(I), (We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do consent on his/her behalf to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed by the State Board of Medical Examiners on the medical staff of Tanner Medical Center, Franklin Medical Center, or West Georgia Health System whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis or hospital care being required, but is given to provide specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable in the event of an emergency.

It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization shall remain in effect while this child is in attendance at camp, at the Rockridge Baptist Assembly, Franklin, GA.

**INSTRUCTIONS: Please Print. Fill out one form per child. Rockridge is unable to accept any child without a completed medical treatment authorization. Please have a friend or neighbor witness your signature. A spouse cannot witness another spouse's signature.**

LIST ANY RESTRICTIONS \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ Phone (    ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

DATE LAST TETANUS/TOXOID BOOSTER? \_\_\_\_\_

ALLERGIES TO DRUGS, FOODS, OR INSECTS \_\_\_\_\_

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**FOR ANY SPECIAL MEDICATIONS OR PERTINENT MEDICAL HISTORY OF MEDICAL PROBLEMS PLEASE COMPLETE ATTACHED MEDICATION FORM. (\*NOTE: In order for your child to receive Tylenol or Advil you must complete Medical Form.)**

CHILD'S DOCTOR \_\_\_\_\_

PHONE \_\_\_\_\_

PARENT OR LEGAL GUARDIAN \_\_\_\_\_

**TELEPHONES WHERE PARENTS MAY BE REACHED:**

FATHER'S NAME \_\_\_\_\_

BUSINESS \_\_\_\_\_ HOME \_\_\_\_\_

CELL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

BUSINESS \_\_\_\_\_ HOME \_\_\_\_\_

CELL \_\_\_\_\_

FAMILY  
PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**AUTHORIZATION:**

FATHER'S  
SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

MOTHER'S  
SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

LEGAL  
GUARDIAN \_\_\_\_\_

WITNESS \_\_\_\_\_

**Troup Baptist Association  
Children's Camp/Rockridge Baptist Assembly  
Property Damage Addendum  
June 22-25, 2015**

April 8, 2015

Parents/Guardian:

In 2011 Camp Rockridge purchased and installed new bunk beds in the children's dormitories. During the Troup Baptist Association's week of Children's Camp in 2011, some of these new beds were damaged by children jumping on them, etc... and the Troup Baptist Association was responsible for having these bunks repaired. As a result of the actions of a few, it has become necessary for us to notify you that should your child be responsible for damaging one of these bunk beds, or any camp property, you will be financially responsible for any and all repairs.

Our counselors will be extra vigilant to try and insure that this year's camp will be uneventful regarding this issue. However, we do encourage you to have a conversation with your child regarding this.

Please acknowledge this communication by signing below and returning this with your application.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Child's name)

\_\_\_\_\_  
(Date)

**Troup Baptist Association  
Children's Camp/Rockridge Baptist Assembly  
Early Release Form  
June 22-25, 2015**

In the event that my child, \_\_\_\_\_  
has to leave Camp Rockridge early, for any reason, and I am not available,  
I authorize the following people to pick-up my child:

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Name \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

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Name \_\_\_\_\_ Phone \_\_\_\_\_

**WE WILL NOT RELEASE YOUR CHILD TO ANY PERSON  
WHOSE NAME IS NOT ON THIS LIST.  
Proper identification will be required.**

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Signed by parent or legal guardian

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Date

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Signed by witness

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Date