

**Roanoke Valley Women's Missionary Union Children's Mission Camp – Ward Haven
July 8-11, 2024**

Camp is open to children who have completed 2nd grade to those who have completed 5th grade.

Camper's Name:

Last: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Year Completed in school: _____

Male: _____ Female: _____ Church Affiliation: _____

T-Shirt Size: Youth Small _____ Youth Medium _____ Youth Large _____ Adult Small _____

Adult Medium _____ Adult Large _____ Adult XL _____ Adult XXL _____ Adult XXXL _____

Parents/Guardians:

Mother: _____ Phone: _____

Father: _____ Phone: _____

Guardian _____ Phone: _____

Emergency Contact:

Name/Relationship: _____ / _____

Phone Number: _____

Parent/Guardian Email Address: _____

Allergies, food or otherwise: Yes _____ No: _____

If yes, please list on Medical Authorization and Release Form.

Will your child bring medication to camp? Yes _____ No _____

If yes, please list on Medical Authorization and Release Form.

Please bring medication in the original container. Medication will not be administered that is not in original container.

***Checks made payable to RVBA WMU.** The cost is \$60.00 if paid by May 1, 2024. \$75.00 if paid after May 1. All applications must be submitted by June 1, 2024.

Please mail application and check to Diane Shepherd, 55 Overlook Rd, Hardy, VA 24101-2713. Contact Diane for any questions – 540-798-9165, email – dsva540@aol.com.

For questions, contact our Camp Directors: Anthony Shepherd at aos4rdi@gmail.com 540-988-3460 or Asheley Shepherd at Asheleykshepherd@yahoo.com 540-759-8006.

Medical Authorizations and Release Form

Camper Name _____ DOB _____

List all allergies (food, bees, pollen, medication, etc.):

Does camper require an EpiPen for any allergies? Yes _____ No _____

Please note that if your camper requires an EpiPen for any allergies, we require it to be sent to camp with the camper to be turned into nurse with instructions.

List all medications your camper is currently taking with the name of medication, dose, frequency. Please bring medication in the original container. Medication will not be administered that is not in original container.

Please indicate which over-the-counter medications your camper will be allowed to take while at camp.

____ Benadryl ____ Sting Ease ____ Cortizone 10 cream _____ Aloe

____ Ibuprofen ____ Calamine Lotion ____ Eye Drops ____ Antiseptic

____ Neosporin ____ Vaseline ____ Tums ____ Tylenol

**The above items will only be administered by a camp approved nurse or First Aid certified individual.

Consent and Release

I, the undersigned, hereby give my permission for treatment by a licensed physician, hospital, or treatment center if medical treatment is deemed necessary by a licensed physician. In case of surgical emergency, I also give my consent to all medical procedures diagnosed and prescribed by the attending licensed physician. By affixing my signature below, I agree to hold harmless and indemnify the Roanoke Valley Baptist Association (RVBA) and all agents and representatives thereof (the Releasees) from all claims of losses, injuries, or damages that may result from or to my child participating in Children’s Camp, the mission experience of RVBA. I further agree to waive all rights of legal action against RVBA and the Releasees.

Parent/Guardian Signature: _____ Date: _____

Media Release – Roanoke Valley Baptist Association/WMU Children’s Camp

Camper’s Name: _____

I, the undersigned, do hereby give WMU Children’s Camp volunteers the right to use my name, picture, photograph, visual likeness, or voice in all forms and media in all manners, including photo, film, audio, and video representations, for non-profit, public purposes, and I hereby waive any right to inspect or approve the finished product that may be created in connection therewith. I have read this release and am fully familiar with its contents.

Parent/Guardian Signature: _____ Date: _____

Release of Liability – Roanoke Valley Baptist Association/WMU Children’s Camp

Camper’s Name: _____

In consideration of your accepting the above-named participant for the RVBA/WMU Children’s Camp 2024 at Ward Haven, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages that I may have against the above-named organization, and its agents, employees, representatives, successors and assigns for any and all injuries suffered by the participant that arise out of the above-named program sponsored by the Roanoke Valley Baptist Association/WMU. I warrant that I have the right to authorize the forgoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature, which may arise out of or result from such participation. For consideration stated above, I further agree that in the event that the participant or I should make any claim against the above-named organization for damages arising out of the above-named program, I will personally indemnify, defend and hold harmless the organization and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney’s fees. I give my consent to the participant’s photograph being used in RVBA publications.

I have read and understand this agreement and willingly place my signature below as evidence of my acceptance of all conditions contained herein.

Parent/Guardian Signature: _____ Date: _____