

2010 Iowa Regular Baptist Camp SPECIAL CAMP APPLICATION

June 7-11, 2010

(PLEASE PRINT)

Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Birth Date: _____ Sex: M F

Parent/Guardian: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Pastor: _____ Church Name: _____

Name of school or work center camper attends: _____

THE INFORMATION BELOW IS IMPORTANT TOWARDS PROVIDING AN ENJOYABLE CAMP WEEK

MENTAL: (*We are equipped to handle only those clients capable of self-care*)

Mild (educable) _____ Moderate (trainable) _____ Severe and profound _____

PHYSICAL: (*We are equipped to handle only ambulatory clients*)

Mobility: Ambulatory _____ Non-ambulatory _____

Personal Grooming: _____

Communication: Verbal _____ Non-verbal _____

Rest Room Needs: Self care _____ Assisted Care _____ Incontinent _____

Meal time needs: Feeds Self _____ Needs Assistance _____

Sleepwalker? Yes _____ No _____

SOCIAL:

Method of discipline/control most effective: _____

Triggering Events: _____

Special Behaviors: _____

Information that will enable the camper to enjoy camping: _____

MEDICAL:

(List medication and purpose of all that will be brought to camp. List dosages and times. Use separate sheet if needed. All medications are to be given to the nurse upon arrival and will be administered only by the nurse.)

Allergies: _____ Date of last Tetanus shot: _____

Family Doctor: _____ Phone: (____) _____

Insurance Company: _____ ID#: _____ Medicare#: _____

Emergency Contact Person: _____ Phone: (____) _____

(OVER)

"I give my permission for this applicant to attend the Iowa Regular Baptist Camp. I agree not to send them if they have been exposed to a contagious disease within three weeks of the date they are arriving, and I will give notification to the camp regarding the condition immediately. I give permission to IRBC to use photographs (individual or group) of the camper in their camp promotion, including newspapers, magazines, news bulletins, movies, television, and displays. I give permission to IRBC to let a physician treat or prescribe medicine, as necessary, for the health and safety of the camper, and I understand this will be at my expense. I understand that every precaution is taken to safeguard the health and safety of the campers under the IRBC supervision."

Signature of Parent/Guardian/Camper(if own legal guardian)

_____/_____/_____
Date of Signature

Pre-Registration Deadline: May 10th

T-SHIRTS MAY NOT BE AVAILABLE FOR REGISTRATIONS RECEIVED AFTER MAY 11!

Deposit: **\$ 25.00**

Due At Registration **\$260.00**

Total **\$285.00**

Deposit Amount Enclosed: \$ _____

Please return application and deposit to:

**Iowa Regular Baptist Camp
P.O. Box 80
Ventura, IA 50482**

Phone: 641-829-3824

Fax: 641-829-3557

Email: camp@irbc.org

Office Use Only

Deposit: \$ _____

Date: ____/____/____

Check No.: _____