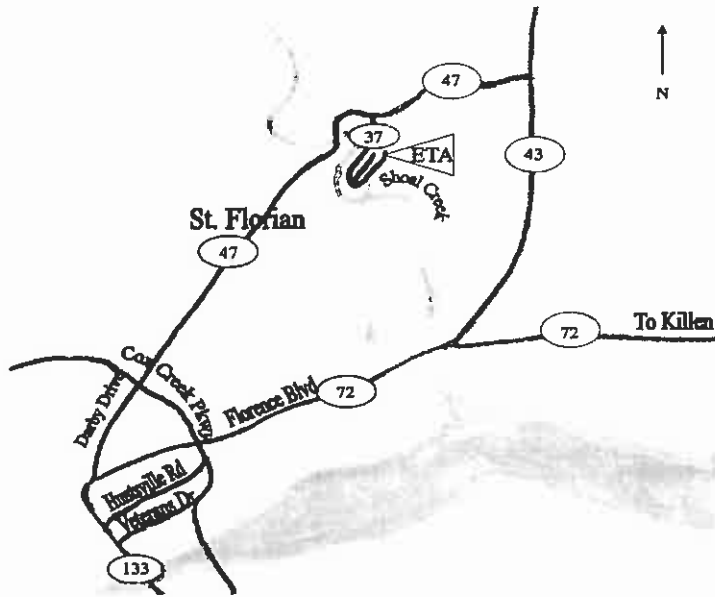


Earle Trent Assembly Baptist Camp  
1245 Spring Cove Road  
Florence, AL 35634  
(256)-762-4147

- RA Camp Director: David Moore
- Earle Trent Assembly is owned and operated by the Colbert Lauderdale Baptist Association.



**LOCATION:**

- From Cox Creek Parkway in Florence, follow County Highway 47 North 7 Miles through St. Florian and across Shoal Creek. Turn right onto County Road 37 and continue for 1.4 miles into camp.
- From State Highway 43 North of Florence, take County Highway 47 South 3.5 miles to County road 37. Turn left onto County Road 37 and continue for 1.4 miles into camp.

Colbert Lauderdale Baptist Association  
3901 Hatch Blvd.  
Sheffield, AL 35660

# RA Camp 2009

July 20, 9am - July 23, 10am

Boys entering grades 3 - 7

\$10.00 registration fee due Friday July 10



# RA Camp 2009

July 20, 9am - July 23, 10am

Cost: \$70.00 per camper.

(includes registration fee and \$10.00 for canteen)

Dear Parent,

This form is designed so that you may clip off the side portion and keep it as a check list as your son prepares for camp. Please return to the Colbert-Lauderdale Baptist Association along with a \$10.00 registration fee by Friday, July 10, 2009. Below are items your boy will need for camp.

Prayerfully, in His Service

David Moore, RA Camp Director

## What to bring to R.A. Camp:

- |   |  |
|---|--|
| 1. Bible and R.A. Manual (if you have one)    | 7. Towel                                       |
| 2. Balance of Camp Fee: \$60.00               | 8. Soap, toothbrush and tooth paste, deodorant |
| 3. Sleeping Gear                              | 9. Change of clothing for 4 days               |
| 4. Mosquito Repellant (OFF, CUTTER'S, etc.)   | 10. A Christian attitude                       |
| 5. Flashlight and spare batteries             | 11. PINWOOD DERBY RACECAR                      |
| 6. Swim Trunks (Cut-offs not allowed in pool) |  |

## What NOT to bring:

- |                     |                   |
|---------------------|-------------------|
| 1. Money or wallets | 5. Ugly words     |
| 2. Fireworks        | 6. Bad attitude   |
| 3. Radios           | 7. Bully attitude |
| 4. Water pistols    |                   |

Dear Parents:

Thank you for instructing your son to obey the counselors. Please place your son's name on all belongings. The boys are responsible for keeping up with their items.

There will be two life guards and one RN on duty during the day. Place this section before you daily as a reminder to pray for the Holy Spirit to lead and protect our camp, your son and others while at R.A. Camp

## 2009 Association RA Camp-Registration Form

Name _____			Birth Date _____		
Street Address _____			Gender _____		
City _____	State _____	Zip _____	Grade in Fall _____		
Parent/Guardian Name _____			Parent/Guardian Name _____		
( ) _____			( ) _____		
Home Phone # _____			Parent Cell Phone # _____		
Parent Email Address _____					

(Please list anyone other than parent that is permitted to pick up Child)  
(Please let those on this pick up list know that photo ID will be required to pick up your child)

Christian (y n) _____	Home Church _____							
All Campers will receive a T-Shirt (Circle Size)								
YS	YM	YL	S	M	L	XL	XXL	XXXL

### In the event of an accident or illness, I agree to the Following:

- I give permission for my child to receive appropriate first aid treatment by the Earle Trent Assembly camp nurse or trained staff.
- In the event that I cannot be contacted and emergency medical treatment is needed, I give permission for a licensed physician to hospitalize and secure proper treatment, including injections, anesthesia or surgery for my child.
- While the staff will make reasonable effort to teach my child the proper outdoor techniques and minimize exposure to known risks. I acknowledge that all dangers associated with camp activities cannot be foreseen. I hereby release and discharge the Colbert Lauderdale Baptist Association and Earle Trent Assembly, its officers, directors, employees and agents from any claims, causes of actions, costs, obligations or financial responsibility resulting from or arising out of any accident occurring while my child is participating in activities at Earle Trent Assembly Baptist Camp. If the Colbert Lauderdale Baptist Association or Earle Trent Assembly is held financially responsible to or for my child for any such incident, injury or accident, I agree to indemnify and hold harmless the Colbert Lauderdale Baptist Association and Earle Trent Assembly from any such responsibility including costs, damages and attorney fees incurred by the Colbert Lauderdale Baptist Association and Earle Trent Assembly Baptist Camp.
- I hereby give my permission for the Colbert Lauderdale Baptist Association and Earle Trent Assembly to use comments, photographs and videos of my child to be used in future camp promotions.

## 2009 Association RA Camp-Health Form

(This form must be completed and signed in order for your child to attend and participate in activities at Earle Trent)

1st Emergency Contact-Name and # \_\_\_\_\_

2nd Emergency Contact-Name and # \_\_\_\_\_

Activity Limitations \_\_\_\_\_

Pre-Existing Medical Conditions \_\_\_\_\_

Other Health Concerns \_\_\_\_\_

Please List Current Medications: All medications must be turned in to & distributed by the camp director.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

• Health Information (circle all that apply-attach additional info if needed)

Dizziness    Frequent Headaches    Asthma    Fainting Spells

Epilepsy    Bee Sting Reaction    Diabetes    Heart Condition

Allergies    Heat Exhaustion    Ear Infections    Last Tetanus Shot \_\_\_\_\_

• Medical Treatment Information & Authorization \_\_\_\_\_

Family Doctor-Name \_\_\_\_\_

Family Doctor-Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Policy # \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

I hereby certify that I have read this page and that all the information concerning my child is accurate to the best of my knowledge.

Campers Name \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Clip and return form with \$10.00 to: CLBA, 3901 Hatch Blvd, Sheffield, AL 35660. Make checks payable to CLBA