

Official 2025 Baptist Camp Registration Form

Younger Midler
June 6-8
(grades 2-4)

Junior High 1
June 8-14
(grades 7-9)

Junior 1
June 15-21
(grades 5-6)

High School 1
June 22-28
(grades 9-HS grads)

Junior 2
June 29-July 5
(grades 5-6)

Junior High 2
July 6-12
(grades 7-9)

High School 2
July 13-19
(grades 9-HS Grads)

Older Midler
July 29-August 1
(grades 3-5)



(Please PRINT clearly)

Name: _____ Home Phone: (____) _____
First Middle Last

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

Gender: M F First time camper: Yes No County: _____

Date of Birth: ____/____/____ Grade in Fall of 2025: _____

Special needs, request for handicap facilities: Yes No **If yes, what:** _____

Church: _____ Association: _____ Pastor's Signature: _____

Parent or Guardian (if camper is under 21) ~ Please PRINT: _____
First Last

Address (if different from above): _____
City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

E-mail address: _____@_____

Do you give your child permission to swim in the river with lifeguard supervision? Yes No

Do you give your permission for photographs to be taken during the camp and used for promotional purposes? Yes No

By signing below, I give my permission for my child to attend camp. I understand and agree that my child will abide by the procedures and guidelines as set forth by the West Virginia Baptist Camp at Cowen.

Parent's Signature: _____

BAPTIST CAMP 2025 CAMP FEE SCHEDULE

State Sponsored Camps

CAMP	COST	EARLY BIRD (**)
Younger Midler (grades 2-4*)	\$105.00	\$95.00
Older Midler (grades 3-5*)	\$150.00	\$135.00
Junior High 1 & 2 (grades 7-9*)	\$270.00	\$255.00
Junior 1 & 2 (grades 5-6*)	\$270.00	\$255.00
High School 1 & 2 (grades 9-12*)	\$270.00	\$255.00

- *Grade based on school year in the Fall of 2025
- ** if PAID IN FULL two weeks prior to camp
- **Make checks payable to the West Virginia Baptist Camp at Cowen**

COWEN REGISTRAR USE ONLY:

- Early bird pre-payment in full
- Medical Form
- Scholarship ~ Amount \$ _____

Date received: ____/____/____

Total Camp Fee: \$ _____

Camp Store Deposit: \$ _____

Balance Due: \$ _____

Fee Paid by Parent \$ _____

Check #: _____ Check #: _____

Fee Paid by Church \$ _____

Check #: _____ Check #: _____

Looking for registration forms for other camp events such as Senior Day, Family Camp, and Camp Global?

Go to campcowen.org/register

Important Registration Information:

- **Register Early:** If you have not pre-registered two weeks prior to camp, call to see if space is available.
- To register, mail your form and deposit or full payment to: **West Virginia Baptist Camp at Cowen, 276 Baptist Camp Road, Cowen, WV 26206**
- Pick the camp for your child based on the grade they will be in beginning in the Fall of 2025.
- A notarized health form is required for each camper. Please fill one out to send with your child to registration or mail it in. Anyone without a completed health form will not be permitted to stay at camp.
- Registrations are on a “first come, first served” basis, and no one shall be denied admission to our program because of race, color, national origin, sex, or age. All camps are designed on an age appropriate basis.
- **Handicap facilities are available at Camp Cowen. Please make special arrangements in advance to assure proper planning for special needs (Phone: 304-226-3522).**
- **After registering, you will receive more camp info in an email: what to bring, when to drop-off and pick-up, etc. If you have any questions or concerns, please contact the camp at cowenregistrar@wvbc.org or by calling 304-226-3522.**
- To register your child online, go to campcowen.org/register.



West Virginia Baptist Convention

The camping program is sponsored by the West Virginia Baptist Convention and is conducted at:

WV Baptist Camp at Cowen
276 Baptist Camp Road, Cowen, WV 26206

How to Pay for Camp:

- \$25 of the registration fee is required in order to hold a spot for your child. The remainder of the fee must be paid prior to the beginning of camp. In order to receive the early -bird price, the fee must be paid in full two weeks prior to the first day of the camp attending.
- Preregistration fees are applied to the total cost with the balance due upon arrival at camp. Full refunds can be given, if requested, by 12:00 noon on the Wednesday prior to the camp. Cancellations after that time will result in loss of \$25.00 preregistration fee. Refunds will NOT be given after the start of the camp attending.
- **Make checks payable to the West Virginia Baptist Camp at Cowen.**

Camp Session: _____ Year: _____

WEST VIRGINIA BAPTIST CAMP AT COWEN PERMISSION FOR EMERGENCY TREATMENT & HEALTH HISTORY

Please fill this form out as completely as possible for us to be able to provide the best care to your child while they are at camp.
Every camper needs a completed health form to participate in any Cowen summer camp programs.

SECTION I – BASIC CONTACT INFORMATION

Name _____ Birthdate _____ Age at Camp _____

Last First Middle

Home Address _____
Street Address City State ZIP Code

Social Security Number of participant _____ Gender: M F

Camper Lives With: Mother & Father Mother Father Grandparent Other: _____

Custodial Parent/Guardian _____ Phone _____

Home Address _____
(If different from above) Street Address City State ZIP Code

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

If not available in an emergency, notify _____

Relationship _____ Phone _____

Address _____
Street Address City State ZIP Code

Family Physician Name _____ Phone _____

Dentist/Orthodontist Name _____ Phone _____

SECTION II – TRANSPORTATION

In order to protect your child, please provide us with the following information:

Who will be picking up your child at the West Virginia Baptist Camp at Cowen at the close of camp?

Name: _____

Is there anyone in particular you do not want to pick up your child at the close of camp? If yes, please list the name(s) below:

Name: _____

Name: _____

SECTION III – NOTARY

STATE OF WEST VIRGINIA

County of, _____, _____ to wit:

I, a qualified Notary Public, in and for the County aforesaid, hereby certify that the person whose signature appears above, did on this date, appear before me, after begin duly sworn or affirmed, and reading this document in its entirety did affix his or her signature hereto in my presence.

_____ NOTARY PUBLIC Date Executed _____

My Commission Expires: _____ Please imprint seal in the area to the right:

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. I understand that all reasonable attempts will be made to contact me as soon as possible after the condition necessitating treatment arises, and, that failing to reach me, all reasonable attempts to contact the alternate listed above will be made. I understand that all reasonable precautions will be taken for safety at all times. I further release the West Virginia Baptist Convention, the Camp Cowen Board, the Parchment Valley Board of Directors, the West Virginia American Baptist Youth, and all persons associated with these organizations from any liability associated with any accident, injury or disease to the person who is the subject of this form.

SIGNATURE OF PARENT/GUARDIAN OR ADULT CAMPER/STAFFER _____

THANK YOU FOR HELPING US PROTECT YOUR CHILD.
Please fill in the information on the reverse side of this form.

SECTION IV – INSURANCE INFORMATION – Please include a copy of your insurance card.
Please fill out the below information in the event of needing prompt health care for your child.

Report any changes to this form at registration

Is the participant covered by family medical/hospital insurance: YES NO
 If so, indicate carrier or plan name: _____ Group # _____
 Carrier Address: _____
 Address for Claims: _____
 Policy Holder's Name: _____ Relationship to Participant: _____
 Policy Holder's Insurance ID Number: _____ Employer: _____
 Policy Holder's Social Security Number: _____ Policy Holder's Date of Birth: ____/____/_____

SECTION V – ALLERGIES

Camper does not have any allergies
 Camper is allergic to: Poison Ivy/Oak Insect Stings Medications: _____ Food Allergy: _____
 Reactions: _____

SECTION VI – MEDICAL HISTORY AND MEDICATIONS

Medical History:

Check "Yes" or "No" for each statement. Explain "Yes" answers below. Has/does the camper:

- | | | | |
|---|--|--|--|
| 1. Had a recent hospitalization/surgery? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 7. Had seizures? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Had a recent illness? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 8. Had severe headaches? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Had a recent injury? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 9. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have recurrent/chronic illnesses? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 10. Had fainting or dizziness? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 11. Passed out/had chest pain during exercise? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Have diabetes? | <input type="checkbox"/> YES <input type="checkbox"/> NO | 12. Traveled outside the country in the past 9 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 13. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 14. Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 15. Seen a professional to address mental/emotional health concerns in the last 12 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 16. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 17. Been on concussion protocol? (If so, when?) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

**** Child under 18:** Should your camper need immediate medical attention outside of camp, hospital emergency staff as well as paramedics need to know your child's **Height:** ____ft ____in **Weight:** _____ to provide proper treatment in your absence.

Will the camper be taking medications while at camp? YES NO

ALL MEDICATIONS MUST BE TURNED IN to the medical personnel at registration. (INCLUDING prescription, over the counter, inhalers) Please list all (prescription and non-prescription). Include the medication name, dosage, and dosage instructions. Use an additional sheet if needed. Bring to camp all medications in their original packaging that identifies the prescribing physician, the name of the medication, the dosage and the frequency of administration.

NAME OF DRUG	DOSAGE AMT.	TIMES GIVEN	TOTAL DAILY DOSE	REASON FOR MEDICATION	SPECIAL INSTRUCTIONS

Prescribing Physician: _____ Phone Number: _____

Identify any medications the camper takes during the school year that the camper does not/may not take during the summer:

I grant permission for the camp health personnel to administer over-the-counter medications indicated below:

Tylenol	yes no	Motrin/Advil	yes no	Pepto-Bismol	yes no	Maalox/Tums	yes no
Imodium	yes no	Benadryl	yes no	Cough Medicine	yes no	Allergy Relief/Claritin	yes no

Camp Cowen



COWEN SUNDAY

Share your Cowen story.
Promote to your church.
See the impact.

More info at
campcowen.org/cowen-sunday

APRIL 27th



2025 THEME



Let everything
that has breath
praise the Lord.
Praise the Lord.
-Psalm 150: 6



CAMP SHIRT DAY

1. Wear your favorite Cowen shirt to school, work, and around town.
2. Snap a picture
3. Tag us on Facebook or Instagram!

APRIL 25th

2025 Schedule

- APRIL 4-6 Women's Camp
- MAY 16-17 Summer Kickoff (grades 6-12)
- MAY 17 Sunny Day Dedication
- JUNE 6-8 Younger Midler (grades 2-4)
- JUNE 8-14 Junior High 1 (grades 7-9)
- JUNE 15-21 Junior 1 (grades 5-6)
- JUNE 21 Senior Day (2025 graduates)
- JUNE 22-28 High School 1 (grades 9-'25 grads)
- JUNE 29-JULY 5 Junior 2 (grades 5-6)
- JULY 6-12 Junior High 2 (grades 7-9)
- JULY 12 Senior Day (2025 graduates)
- JULY 13-19 High School 2 (grades 9-'25 grads)
- JULY 20-24 Southeast Association Camp
- JULY 25-28 Family Camp
- JULY 29- AUG 1 Older Midler (grades 3-5)
- AUG 1-3 AB Men & Boys' Camp
- AUG 8-9 Camp Global

REGISTER NOW

Online or mail-in available at
campcowen.org/register

YOUTH CAMP PRICING

CAMP	COST	EARLYBIRD*
Younger Midler	\$105.00	\$95.00
Older Midler	\$150.00	\$135.00
Junior 1 & 2	\$270.00	\$255.00
Junior High 1 & 2	\$270.00	\$255.00
High School 1 & 2	\$270.00	\$255.00

*Earlybird pricing applies to registrations received at least two weeks before first day of camp



Camp Cowen

Packing List

What to Bring:

- A Bible
- Notebook and pencil
- Money for snacks (t-shirts also available)
- Pillow or Pillows
- Towels
- Bed linens or sleeping bag
- Personal toiletry items
- Flashlight and batteries
- Jacket or sweatshirt for cool evenings
- A modest swim suit (one piece for girls)
- Sufficient clothing for length of camp (extra pair of tennis shoes would be a good idea)
- **Medical Form**
- An outfit that can be soiled

What NOT to Bring***:

- Spaghetti strap shirts
- iPods
- Pets
- Alcohol
- Drugs (All prescription drugs must be in **original bottles** and given to the Camp Health Services at registration. No drugs are to be kept in the cabins.)
- Tobacco items
- Fireworks
- Weapons (knives, guns, etc.)
- Valuable jewelry items
- Skate boards, roller blades, etc.
- Video equipment
- Electronic games
- **CELL PHONES!**

*****Items included in this list can be confiscated and may result in dismissal from Camp and forfeiture of Camp Fees.**