



# 2021 Association Camp Individual Registration Form



### Camper Information

Name: \_\_\_\_\_ Grade Entering in Fall 2021 \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_ Email Address \_\_\_\_\_  
 Your Home Church \_\_\_\_\_ Church you are attending with: \_\_\_\_\_

**Please Circle which week you are attending: Kid's Camp (June 14-18, 2021) Youth (June 21-25, 2021)**

I understand that as a camper, I will be placed under the 24 hour care and supervision of the camp staff and agree to abide by all the rules that are in place. I understand that no smoking, alcoholic beverages, illegal drugs, weapons, radios/CD/iPod/iPad/laptops/MP3 players, or cell phones are allowed and that dress shall be modest, as defined by the camp guidelines.

**Signature of CAMPER** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent / Legal Guardian Information

Mother/Legal Guardian _____	Father/Legal Guardian _____
Email Address _____	Email Address _____
Home # _____	Home # _____
Cell # _____	Cell # _____
Work # _____	Work # _____
With Whom Does the Camper Live? _____	
Relationship to Camper? _____	

### Health Information

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
*Important: Please list ALL DIETARY restrictions, medical problems (medications, epilepsy, asthma and disabilities) that we should be aware of. Attach additional sheets if necessary.*  
 Allergies (food, drug, insects): \_\_\_\_\_  
 Medications taking and reason: \_\_\_\_\_  
 Date of Last Tetanus Shot: \_\_\_\_\_  
 Other medical or special needs- please explain: \_\_\_\_\_  
**Permission for: Tylenol: Yes/No Benadryl: Yes/NO Ibuprofen: Yes/NO**

### Emergency Contact Information

Call 1<sup>st</sup>: \_\_\_\_\_ #: \_\_\_\_\_  
 (e.g. "Mom's cell phone" or "Dad at Work")  
 Call 2<sup>nd</sup>: \_\_\_\_\_ # \_\_\_\_\_  
 Alternate Emergency Contact Person's  
 Name \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Call: \_\_\_\_\_

### Shirt Information

Youth Small	Youth Medium	Youth Large
Adult Small	Adult Medium	Adult Large
Adult X Large	Adult XX Large	Adult XXX Large

### Permission & Release

I hereby grant permission for my child to participate in all camp activities. I understand that such participation may involve risks not encountered in everyday life. In signing this form, I agree to assume and accept all the risks inherent in camp related activities. I have no knowledge of any physical and/or mental impairment that would be affected by the named camper's participation in the camp program of Jefferson Baptist Association at Bates Creek Baptist Camp. I grant permission to Jefferson Baptist Association to use photos/visual images taken at camp which may include my child for publicity purposes. By my signature I hereby waive and release Jefferson Baptist Association and Bates Creek Baptist Camp, their employees and/or volunteers and their successors and assigns from any and all liability of any injuries, illnesses or losses, incurred while at Bates Creek Baptist Camp and/or as a result of my child's participation in any activities and/or programs of Jefferson Baptist Association and Bates Creek Baptist Camp and ascending partners. If a medical or accident problem should arise and I cannot be contacted, I give permission to the camp director to select a physician and/or hospital for my child's care. I hereby also give the physician and/or hospital my permission to hospitalize, treat and order injections or surgery for my child named herein.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_