



2015 Individual Registration Form



Camper Information

Name: _____ Grade Entering in Fall 2015 _____
 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: **Girls** **Boys** **Youth**

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/MP3 players, or cell phones are allowed and that dress shall be modest, as defined by the camp director.

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

Shirt Information

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. 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:** _____