

FIRST BAPTIST CHURCH SUMMER CAMP
CAMPER REGISTRATION FORM

This sheet is due at registration upon arrival at camp. We can't wait to see you!
PLEASE PRINT

CAMP: (check one) CHILDREN'S CAMP YOUTH CAMP OTHER

LAST NAME: _____ FIRST NAME: _____

NICK-NAME (If first name is not used): _____

DATE OF BIRTH: _____ SEX (Circle One) Male Female

CAMPER WAS IN GRADE _____ ON MAY 1ST?

T-SHIRT SIZES (Circle One) YOUTH: S M L XL ADULT: S M L XL XXL XXXL

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

EMAIL ADDRESS (For adult campers): _____

PARENT(S) OR GUARDIAN(S)

NAME: _____

PRIMARY PHONE: _____ OTHER PHONE: _____

NAME: _____

PRIMARY PHONE: _____ OTHER PHONE: _____

EMAIL ADDRESS: _____

CHURCH MEMBER? YES NO

IF YES, NAME OF CHURCH _____

IN CASE OF EMERGENCY, IF PARENT/GUARDIAN IS UNAVAILABLE, PLEASE NOTIFY:

NAME _____ PHONE _____

REGISTERING WITH CHURCH OF _____

(name of church and city)

Parent/Guardian agrees that all payments are not refundable once camp has begun. No refund will be available to campers who leave camp before it is over. Parent/Guardian agree that, for the use of promotional and social media purposes, FBC Patterson may use any audio, video or photography of any camp participants.

SIGNATURE

DATE

HEALTH SCREENING FORM

NAME _____

AGE: _____ DATE OF BIRTH: _____ SEX: Male Female

TODAY'S DATE _____ CAMP DATES _____

CHURCH/CITY: _____

IF YOU OBSERVE ANY ILLNESS, COMMUNICABLE (INFECTIOUS) DISEASE, OR INJURY AS LISTED BELOW IN THE THREE BOXES, PLEASE CIRCLE EVERY AND ANY THAT APPLY TO YOU AND DESCRIBE THE ITEM THAT WAS CIRCLED ON THE LINES PROVIDED BELOW.

<p>ILLNESS (in the last 48 hours)</p> <p>MAY INCLUDE: NAUSEA, VOMITING, DIARRHEA, FEVER, SORE THROAT, RASH, OPEN SORES, PINK EYE, COUGH NOT RELATED TO ASTHMA</p>	<p>COMMUNICABLE DISEASE</p> <p>EXAMPLES: MEASLES, MUMPS, RUBELLA, POLIO, HEPATITIS, TETANUS, DIPHTHERIA, MENINGITIS PERTUSSIS, INFLUENZA, TUBERCULOSIS ACTIVE (ON MEDICATION) OR INACTIVE (NEGATIVE CHEST X-RAY)</p>	<p>INJURY EXAMPLES: CASTED FRACTURES, RECENT HEAD INJURIES, AND/OR LACERATIONS THAT HAVE STITCHES OR STAPLES MUST BE CLEARED BY DOCTOR</p>
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If any items are circled in either column A or B please have the individual refrain from coming to camp.

*ALL ABOVE INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY SHARED WITH THE APPROPRIATE CAMP STAFF OR YOUR CHURCH COUNSELOR, IN ORDER TO PROVIDE ADEQUATE HEALTH CARE FOR YOUR CHILD WHILE AT CAMP. THANK YOU.

SIGNATURE OF HEALTHSCREENER:

Date

MEDICAL CARE AUTHORIZATION AND RELEASE FORM

First Baptist Church of Patterson

Each person attending the camp must complete this form.

PLEASE PRINT

Name: _____

Date of Birth _____ Sex: M / F

Address: _____ City _____ ZIP _____

Parent or Guardian's Name: _____

Phone _____

Name of Church (Please include city) _____

IN CASE OF EMERGENCY, PLEASE

Notify: _____

Day Phone # _____ Night Phone # _____

MEDICAL CARE AUTHORIZATION FORM

I hereby give permission for my son/daughter/self (if over 18 years of age) to receive emergency medical attention from a licensed physician in the event of illness or injury.

(Initial here)

CAMPER'S FAMILY INSURANCE INFORMATION

Camper insurance begins where individual's health and accident insurance policy terminates. It is only valid when

other insurance has been extended to its limits. Routine illness is not covered by Camp Accident Insurance. If you have no medical insurance, please write "None."

Name of Insured on Policy covering camper: _____

Name of Insurance Company: _____ Plan/Policy No. _____

CAMPER'S MEDICAL INFORMATION

Any know Allergies or drug reactions? _____

Date of last Tetanus Shot: _____

Permission to administer over-the-counter medications: May your child be given: (Answer Yes or No to each).

Pepto Bismol: Yes or No

Neosporin: Yes or No

Ibuprofen: Yes or No

Tylenol: Yes or No

Please list all medications brought to camp. Also include the times of administration.

Drug Name Times to administer

1. _____

2. _____

If more space needed, please check box and continue on lines below or back of form.

? Are there any physical or medical conditions or restrictions? If so, please check box and explain on back of form.

RELEASE AND ASSUMPTION OF RISK

I am aware that during mountain camping, hiking, camp activities in which my child/myself (if over 18) will participate, certain risks and dangers occur, including, but not limited to, the hazards of traveling in mountain terrain, the forces of nature and accidents and illness. In consideration of the right to participate in activities and services arranged for my child/myself (if over 18) by First Baptist Church of Patterson, I assume for my son/daughter/self all risk and hold First Baptist Church of Patterson and all persons associated, in any way with these entities, including agents, officers, employees, directors, successors, managers and members, harmless from any and all liability, action, cause of action, debts, claims, demands of every kind and nature whatsoever which may arise from or in connection with his/her/my participation in the camp program. These terms shall serve as a complete release of said entities or persons and a complete assumption on my part of all risks and liabilities for my child/myself (if over 18). (Initial here)

PHOTO RELEASE:

I give my permission for my/my child's photograph or likeness to be used in a camp video and promotional materials. (Initial here)

SIGNATURE of parent/legal guardian/applicant (if over age 18)

Date:

WITNESS: Pastor or Church Official*

Date:

*Signature of parent MUST be witnessed by a church official of church listed on first page.

