

Jefferson Baptist Association Individual Registration Form

Student Conference 1.0 @ Bates Creek Camp; April 1-3, 2010

Please read all instructions/policies carefully before you sign this form and turn it in.

It is important to PRINT CLEARLY.

CAMPER INFORMATION

Name _____ Nickname _____ Birth Date _____ Gender Male Female
Address _____
Street Apt. # City State Zip Code
Email Address _____ Grade Entering in Fall 2010 _____
Church You Are Attending With _____ Your Church Home _____

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

SIGNATURE OF CAMPER: X _____ Date _____

*******TO BE COMPLETED BY PARENT/GUARDIAN*******

With whom does the applicant live? _____ Relationship to camper _____
Mother/Legal Guardian _____ Email Address _____
Home # () _____ Cell # () _____ Work # () _____
Father/Legal Guardian _____ Email Address _____
Home # () _____ Cell # () _____ Work # () _____

Parent 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 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 & Bates Creek Baptist Camp.

SIGNATURE OF PARENT: X _____ Date _____

OR LEGAL GUARDIAN

MEDICAL INFORMATION AND RELEASE

In the event of an emergency and parent can't be reached, notify the following:

Name	Relationship	Home Number	Work Number
1. _____	_____	() _____	() _____
2. _____	_____	() _____	() _____

Allergies (reaction to foods, drugs, insect): _____

Medications taking and reason: _____

Tetanus Shot Up-To-Date: Yes No

Other medical or special needs (explain) _____

(Please circle one) Permission for: Aspirin – YES/NO Tylenol – YES/NO Benadryl – YES/NO

*******Please Check DO or DO NOT*******

If a medical or accidental problem should arise and I cannot be contacted, I hereby (DO _____ or DO NOT _____) give permission to the camp director to select a physician and/or hospital for my child's care. I hereby (DO _____ or DO NOT _____) give the physician and/or hospital my permission to hospitalize, treat and order injections or surgery for my child named herein. The above youth also has permission of his/her parents/guardian to attend this camp.

Health Insurance Company _____ Policy # _____

SIGNATURE OF PARENT: X _____ Date _____

OR LEGAL GUARDIAN