

# Camper

# Registration/Medical Form

Updated Mar. 2022

Name: \_\_\_\_\_ Gender:  Male  Female

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Current Age: \_\_\_\_\_ Birthdate: (MM/DD/YYYY) \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

T-Shirt Size: Youth  S  M  L Adult  S  M  L  XL  2XL  3XL  4XL

Emergency Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Info

List Relevant Medical History/Condition(s) that would help us meet the campers needs (example: seizures, diabetes, past surgery, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Daily Medications:  YES  NO If yes please complete medication form. All medication must be given to camp nurse.

Is camper up to date on their tetanus vaccine:  YES  NO

Health Insurance Company: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_ Insurance Address: \_\_\_\_\_

Doctors' Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## AUTHORIZATION

Parent/Guardian: I have read and understand the camp rules. I agree that my child will abide by them while at East Texas Baptist Encampment hereafter referred to as ETBE. If my child does not abide by these rules, I understand that they could be sent home at my expense at the discretion of the camp director and/or camp administration. I also consent & give permission for the use of photographs and/or video of my child taken while at camp to be used in the promotion of ETBE and/or camps hosted by ETBE. Picture use examples include, but are not limited to: on the ETBE camp webpage, social media sites, or printed materials. Removal of online pictures may be requested by contacting the camp office.

I hereby give my consent for the above-named camper to take part in activities such as Ropes Challenge Course, Rifle Range, Archery and other activities occurring within the camp program. If in the event of an emergency, I cannot be reached, I hereby give my consent for ETBE camp administration or church leadership to sign for emergency medical care should it be necessary. I understand that every effort will be made to provide the safest environment possible at camp, but that accidents can and do occur. I agree not to hold liable the sponsoring church, the camp staff, or ETBE in the case of an unforeseen event.

I also understand that ETBE is associated with the Southern Baptist Convention and my child has permission to receive religious guidance and training that is consistent with the beliefs of the Baptist denomination. A summary of beliefs can be found on the ETBE website and the Baptist Faith and Message.

I hereby give consent to the ETBE Camp Health Officer to administer the following non-prescription drugs as needed:

*(Place a check mark after each medication that you authorize)*  Aspirin  Tylenol  Ibuprofen  Benadryl

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_