

# Registration/Medical Form

Updated Jan. 2019

Name \_\_\_\_\_ Gender: [ ] Male [ ] Female  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsor or Grade Completed: \_\_\_\_\_ Current Age \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_  
(SPONSORS **MUST** BE 18 YEARS OLD OR OLDER)

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 \_\_\_\_\_

Current Medications (List and Instructions) \_\_\_\_\_

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

I have read and understand the camp rules. I agree that my child (or I) will abide by them while at **East Texas Baptist Encampment** hereafter referred to as **ETBE**. If my child (or I) does (do) not abide by these rules, I understand that they (or I) could be sent home at my expense at the discretion of the camp director and camp administration. I also consent & give permission for the use of photographs of my child (or myself) taken while at camp to be used in the promotion of **East Texas Baptist Encampment** on the **ETBE** camp webpage or printed materials.

Parent/Guardian: 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.

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 \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian - Adult Sponsor

(Please circle one)