

Attention All Counselors!

To speed up the check in process, two lines will be available. **Express and Regular**

Note: The Express line will be available **only** for those who have:

1. All forms completed, with no changes.
(medical and ETBE eligibility release forms)
2. Check and copy of invoice
3. 2 Copies of each campers ETBE eligibility release forms clipped in separate stacks (1 for nurse, 1 for office)

Changes: If you wish to use the Express Line and have changes to be made, it is necessary that you call before or as you leave your church.

All others who do not meet the above criteria **must** go to the **Regular Check-in line.**

Thank you for your cooperation with the registration process. We pray you have a great camping experience.

Penny Davis, Office Manager

East Texas Baptist Encampment Liability Release Information Form

To be completed by Parent(s) or Legal Guardian for children under the age of 18 years.

To be completed by the participating adult if over the age of 18 years.

I give permission for _____ (self, child) Social Security # _____
circle one

to attend East Texas Baptist Encampment. I am the _____ participating adult or _____ parent or _____ legal guardian of the above named minor and have the right to give permission for my/their attendance and activities participation.

I release, acquit and forever discharge the Management, Trustees, Associations, Participating Churches, Medical Personnel of East Texas Baptist Encampment or the counselors, representatives, or staff of the above named church from all actions, claims, damages, liabilities, expenses, or ongoing expenses relating to bodily injury, serious illness, or death of the above named person.

I give permission for the above named person to participate in all spiritual activities which include teachings from the Holy Bible, and doctrine consistent with the Baptist Faith and Message adopted by the Southern Baptist Convention.

I give permission for the above named person to participate in all physical activities. Those activities may be but not restricted to: swimming, canoeing, hiking, running, walking, softball, soccer, football, slip n slides, other water activities, ropes challenge course, riflery, archery, sling shots, BB guns, go-carts, paintball, paddle boats, bumper boats, and other physical activities. Activities may include walking or running on uneven terrain. The ropes course may involve hazards of walking, running, climbing, swinging, rappelling, depending on other people, some use of climbing type safety gear, heights from ground level to approximately 50'.

I understand that East Texas Baptist Encampment does not provide security or counselor background checks. I understand that it is the responsibility of the above named church to provide security, check out procedures, and counselor background checks for those attending with the above named church.

I _____, as participant, or parent or legal guardian of _____, hereby state that I have read, I understand, and willing grant my permission for the above named child/self to attend and participate in the above listed activities, any other activities which might be scheduled for the event, and the use of pictures or likeness of the above named minor or myself for advertising and publications. I release and hold harmless, and will not sue, East Texas Baptist Encampment, and all participating parties.

The information I have given on this form and any verbal information is true and accurate.

Parent/Legal Guardian _____ Date _____
Signature

Phone _____ Cell _____ wk _____

Participating Adult _____ Date _____
Signature

Witness _____ Date _____
Printed Name Signature

Witness _____ Date _____
Printed Name Signature

East Texas Baptist Encampment

Rt 2 Box 12, Newton TX 75966 ph.409-379-2737

Health and Registration Form

Please fill out completely before coming to camp.

Name _____ Sex _____
Last First MiddleAddress _____
Street or Mailing Address City State Zip

Home Phone _____ Cell Phone _____ Date of Birth _____ Age _____

Parents' or Guardians' Names _____

Father's Work Phone _____ Mother's Work Phone _____

Church or Group you are with _____

Provide dates below or attach a current copy of child's immunization record: DO NOT mark "CURRENT"

General Health	Immunization	Dates	Allergies
Heart	Polio		Food
Asthma	Mumps		Insects
Lungs	Measles		Penicillin
Fainting	Rubella		Other
Eyes	DPT and/or TD		
Nosebleed			
Ears			
Skin Rash			
Throat			
Emotional			

Serious Illness _____ Date _____

Was the camper well when leaving for camp? _____ If not, explain; please be specific _____

Medications – Please list all medications the camper is taking _____

If there are any medications your child may need while at camp (such as inhalers, prescriptions), send them in the original container in a zip lock bag with the medication form to the camp nurse.

Permission to administer: Aspirin? Y N Tylenol? Y N Ibuprofen? Y N Benadryl? Y N

Insurance Information:

Name of Insurance Company _____ Policy# _____

Address of Insurance Company _____ Group# _____

Name of Insured _____

Medical Emergency Authorization Agreement

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to insure the well-being of _____ (Camper's Name) due to sickness or accident while attending camp at East Texas Baptist Encampment, or en route to or from the camp. I also authorize the camp personnel or adult counselor to transport my child at their discretion in case of an emergency. We represent to you that we and the participant hold East Texas Baptist Encampment., its agents, employees and representative harmless from all liability arising as a result of the conduct of the participant and agree to defend and indemnify East Texas Baptist Encampment its agents, employees and representatives against any claim or liability arising as a result of such conduct.

Parents'/Guardians' Signature _____ Date _____

Participant's Signature _____ Date _____

MEDICATION FORM

For the safety of each camper, all medication, prescription or non-prescription drugs will be held at the camp infirmary and administered by camp-approved, certified medical personnel, who are on duty 24 hours a day.

If you need to send medication to camp, please put it along with the completed form below in a zip-lock bag. Be sure to make the form visible in the bag.

Please DO NOT send any medication that is not absolutely necessary.



**PUT THIS FORM IN THE ZIP-LOCK BAG
ALONG WITH THE MEDICINE**

THIS MEDICATION BELONGS TO _____

CAMPER'S CHURCH _____

DOSAGE _____

PARENT'S NAME _____

DAY PHONE _____ NIGHT PHONE _____

DOCTOR'S NAME _____

DOCTOR'S PHONE _____

East Texas Baptist Encampment Counselor Verification Form

The purpose of this form is to provide verification of adherence to the Texas Administrative Code Title 25, Part 1, Chapter 265, Subchapter B, Rule 265.12.

East Texas Baptist Encampment is requiring this form to be completed by the church pastor. If your organization is not a church then it must be completed by the organizations administrator. The term counselor is used for all adults traveling or representing an organization regardless of their position or duties.

This form must be completed in its entirety or the counselor will not be able to attend East Texas Baptist Encampment. A separate form must be completed for each counselor. For assistance call 409-379-2737

To be completed by church pastor.

Counselor Name _____

Date of Birth _____

State of Driver License or State issue ID card. _____ # _____

Date Criminal Background Verification Completed _____

Date Sex Offender Registration Verification Completed _____

_____ has screened the above named person and have
(Print church name)
verified they are of good Christian character, free from all illegal, immoral, improper behavior, and have the integrity to work with minors. The above named church accepts all responsibility for the actions of the above named person.

_____	_____	_____
Pastor's Printed Name	Pastor's Signature	Date

ETBE Office Use

On File: CBV _____ SORV _____ Training _____

Church/ Group Responsibility Form
Please Read Carefully the Following Requirements!
This form must be completed by a representative from each church or group.

1. ALL **SERIOUS** INJURIES AND ILLNESSES MUST BE REPORTED IMMEDIATELY TO YOUR CAMP NURSE AND ETBE CAMP OFFICE. **For Emergencies Call 911.** All medication must be turned over to your camp nurse. A SIGNED MEDICAL/LIABILITY RELEASE FORM IS REQUIRED FOR ALL CAMPERS, ROPES COURSE PARTICIPANTS AND COUNSELORS. East Texas Baptist Encampment may not have a trained emergency medical technician on site. It is the responsibility of the contracting organization, church, or group to provide emergency medical personnel. Christus Jasper Memorial Hospital, in Jasper, Texas is the closest emergency room. Their phone number is 409-384-5461; address is 1275 Marvin Hancock Drive.
2. Each group is required to have ONE ADULT COUNSELOR for every TEN campers. Counselors are required to stay on the grounds, sleep in the rooms with the campers, and enforce the rules and regulations of ETBE. Counselors can not be alone one on one with anyone under the age of 18. If the need arises where a counselor must attend to a student on a one on one basis, a second counselor or student must be in the area to observe. This protects the student, counselor, church, and the encampment ETBE does not provide counselor screening. It is the responsibility of the contracting organization and each individual church to conduct counselor background screening, including sexual offense checks. Adult staff, counselors, band members, recreation team, and all program staff must comply with dress codes of the ETBE staff.
_____ (initial)
3. There will be NO SHAVING CREAM FIGHTS, body paint, possession of fireworks, firearms, knives, alcoholic beverages, or illegal drugs. Pets are not allowed, anyone bringing a pet will be asked to remove it from the premises. No tobacco use in the buildings, please do not throw cigarette butts on the ground. Persons not old enough to buy tobacco products will not be permitted to use tobacco on camp premises. All vehicles must remain parked; they are not to be used to transport campers around the encampment.
4. All facilities are to be left clean. YOU ARE RESPONSIBLE TO PAY FOR ANY DAMAGES DONE BY YOUR GROUP. There will be a \$30.00 graffiti charge per incident. You are responsible for sweeping the floor and picking up the trash in and around your building. If the floors are not swept and the trash picked up, your church will be billed an excessive clean-up charge of \$50.00 per hour.
5. Dress code –shorts of modest length, shirts must cover complete torso, no spaghetti straps, no obscene tattoos showing. Please limit body piercing to ears only. Shirts must be worn at all times except for boys in the pool. Swimsuits must be one piece, or a tank suit in which the top and bottom meet –**no exceptions. A two piece and t-shirt are not permitted.**

_____ (initial)

6. **NO SELLING OF CONCESSIONS OR MERCHANDISE** WITHOUT PRIOR PERMISSION FROM ETBE.

_____ (initial)

THESE RULES HAVE BEEN SET BY EAST TEXAS BAPTIST ENCAMPMENT AND IF BROKEN, MAY RESULT IN YOUR GROUP BEING ASKED TO LEAVE THE GROUNDS WITH NO REFUND.

East Texas Baptist Encampment does not provide security. It is the responsibility of your church/group/ or contracting organization to provide security and check out procedures for your students.

_____ (initial)

Please sign this form and return it with your deposit.

I understand and accept these rules as printed. I will explain these rules with those persons accompanying me to the camp.

Signature: _____ Date: _____

Pastor or Chairman of Deacons Signature: _____ Date: _____

Return this form with your deposit or registration.

ATTENTION!!!

Groups may not arrive at camp without sponsors and expect to be integrated with another church.

If you do not have counselors you may want to be adopted by another church prior to attending camp.

If your church does not have counselors or has not been adopted you will be unable to attend.

Church Adoption Form

Name of Church _____ Phone _____

Contact _____ Phone _____

Adoption Church _____ Phone _____

Contact _____ Phone _____

Church Signature _____ Date _____

Adoption Church Signature _____ Date _____

Please return this form with your deposit.