

Registration/Medical Form

Updated Jan. 2013

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 _____

Is camper current on all immunizations? [] Yes [] No

List Relevant Medical History/Condition(S) that would help us meet the campers needs _____

Known Allergies _____

Current Medications (List and Instructions) _____

Fill in the contact information below if presently under a Doctors' care.

Doctors' Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please list any special instructions to help meet the needs of the camper. _____

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)