Registration/Medical Form

Name:					Updated Feb.		Gender	: []Mal	е	[] Female
Phone Number:										
Address:				City: _			State:		Zip:	
Grade Completed:	Current Age: Birt			Birthda	thdate: (MM/DD/YYYY)					
Church:					City:	. <u> </u>				
T-Shirt Size: Youth [] S	[]M	[]L	<u>Adult</u>	[]S						
Emergency Contact										
Name:	Rela	tionship:			Phon	e:		Alt Pl	hone:	
Name:	Rela	tionship:			Phon	e:		Alt Pl	hone:	

Medical Info

Sponsor

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

Known Allergies:

For the safety of each camper, all medication, prescription or non-prescription drugs will be held at the camp nurse's station 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 in a zip-lock bag with camper's name printed on outside. Please DO NOT send any medication that is not absolutely necessary. Ibuprofen, Tylenol, and Benadryl all available in the nurses' station. Please mark below the medications that can be given to your camper.

All medication must be in its ORIGINAL CONTAINERS from the pharmacy. No blank pill bottles or daily medication boxes. Be sure to make campers name visible on outside of bag.

Aspirin: [] YES	[]NO	Tylenol: [] YES	[]NO	Ibuprofen: [] YES	[]NO	Benadryl: [] YES	[]NO
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Daily Medications: [] YES [] NO Is camper up to date on their tetanus vaccine: [] YES [] NO

Medication	Dose	Time (a.m. or p.m.)	Any other special instructions

Name:	(Church:		
Health Insurance Company:				
Insurance Phone:	Group #:	ID #		
Doctors' Name:		Phone:		
Address:	Cit	y:	State:	Zip:

AUTHORIZATION

I have read and understand the camp rules and I agree to abide by them while at East Texas Baptist Encampment hereafter referred to as ETBE. If I do not abide by these rules, I understand that I could be asked to leave the camp grounds at my expense at the discretion of the camp director and/or camp administration. I also consent and give permission for the use of photographs and/or video of myself 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: 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 myself to take part in activities such as Ropes Challenge Course, Rifle Range, Archery and other activities occurring within the camp program. In the event of an emergency, 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 attest or affirm that I have not been convicted of a violent crime or assault in any state. Also that I am not currently listed as a sex offender in any state. Finally, I also state that I am in good standing with the church listed above and agree to act as a sponsor for any student listed with the church. I also give permission for ETBE to obtain a background check on me, if one has not been provided.

I also understand that ETBE is associated with the Southern Baptist Convention and I will be receiving religious guidance and training that is consistent with the beliefs of the Southern Baptist denomination. A summary of beliefs can be found on the ETBE website and the Baptist Faith and Message.

Signature:	Printed Name:	Date: