

# 2013 YOUTH CAMP REGISTRATION AND MEDICAL RELEASE FORM

Please Print

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Completed \_\_\_\_\_

Telephone \_\_\_\_\_ School \_\_\_\_\_ Male \_\_\_ Female \_\_\_

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Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers:

Work (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_ Cell (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Persons (relationship) to contact in case of an emergency (other than parent/guardian):

1. \_\_\_\_\_ (\_\_\_\_\_) Home \_\_\_\_\_ Work or cell \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_\_) Home \_\_\_\_\_ Work or cell \_\_\_\_\_

**Vital Camper Information** (including allergies, dietary, chronic reoccurring conditions, etc):

*(If more space needed for vital information, please staple another sheet to back of this form.)*

Penicillin and/or any other drug reaction: \_\_\_\_\_ Yes \_\_\_\_\_ No If applicable, please list below:

Dates of last immunizations: Tetanus \_\_\_\_\_ Diphtheria \_\_\_\_\_

Camper's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does this camper regularly take medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list:

For what condition: \_\_\_\_\_

**(Only prescription medication in the original container and properly labeled may be administered.)**

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## INSURANCE INFORMATION AND ASSIGNMENT

Name of Insured \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Insurance Co. & Phone \_\_\_\_\_

Mail claim to: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Cert. or SS# \_\_\_\_\_

**X** \_\_\_\_\_

**Signature of Insured**

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I, \_\_\_\_\_, give my permission for \_\_\_\_\_ to attend Youth Camp with \_\_\_\_\_ Church and will not hold this Church or Alto Frio Baptist Encampment responsible for any accident that may occur. I also give permission for my youth to receive medical treatment or attention in case of emergency or illness while traveling or under the supervision of above referenced Church and sponsors. I further give full authority to this Church's staff and sponsors to discipline my youth as may be deemed necessary. If my youth's behavior is such that it may endanger the happiness or the safety of the entire group, the counselors have my permission to send my camper home after notifying me of their intention. I promise to pay the cost of the return trip should this action become necessary. I expressly understand and acknowledge that during the course of the camp photographs or video footage of my child may be taken and I hereby give permission for such photographs or videos to be used on the camp website and/or for promotional materials for the camp.

**X** \_\_\_\_\_

**Signature of Parent/Guardian**

Date

Telephone Numbers

*Camper, read and sign reverse side of form. Parent, read and sign **BOTH** sides of this form!*

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Stamp