



# CAMPER REGISTRATION

Junior

Name: \_\_\_\_\_ Grade Entering This September: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Church Name and Pastor's Name: \_\_\_\_\_

## Medical Information and Authorization

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Special Medication: \_\_\_\_\_  
Allergic Reactions: Bee Stings Penicillin Other: \_\_\_\_\_  
Type of Reactions: \_\_\_\_\_  
Treatment Given: \_\_\_\_\_  
Physical handicaps, Disorders, or Diseases (include infectious diseases): \_\_\_\_\_  
\_\_\_\_\_  
Restrictive Activities (include reason): \_\_\_\_\_  
Date of last Tetanus Shot: \_\_\_\_\_ (Tetanus shots must be up-to-date.)  
Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy No. \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Authorization

In case of medical emergency, I hereby give my permission to the staff member in charge to hospitalize and/or secure the services of a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this application. I certify that my child is in good physical condition and is able to participate in the entire camping program except for the activities listed as "restricted." I also give permission for my child to receive Tylenol (acetaminophen), Advil (ibuprofen), Tums, and topical triple antibiotic ointment for the treatment of minor aches or injuries.

Signature of Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# CONSENT AND RELEASE FORM

Junior

I, the undersigned parent or guardian, hereby consent for my child, \_\_\_\_\_, to participate in the New England Baptist Teen Camp in Northfield, Massachusetts, an event sponsored by \_\_\_\_\_\* on \_\_\_\_\_\*\*. I certify that my child is able to participate in the activities of the camp week, which may include canoeing, swimming, athletic events, and the such like. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them on the registration form. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize \_\_\_\_\_+ to make emergency medical decisions for my child. If there are any activities in which I do not want my child to be involved, I have listed them on the registration form.

**I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto.** I do hereby agree to hold New England Baptist Teen Camp, \_\_\_\_\_\*, and their agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by law of the state of \_\_\_\_\_++ and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full and legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.** This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone #

\*Your church name    \*\*Days of camp    +Group Leader's name    ++Your State