



2022 BCBA CAMPER REGISTRATION & RELEASE FORM

July 10-14, 2022

Please print clearly

Camper's Name: _____

Age: _____ DOB: ____/____/____ Camper's Gender (Circle): Male Female

Phone: () _____ Sponsoring Church: _____

Address: _____ City: _____

State: _____ Zip: _____ Grade Completing: _____

T-Shirt Size (please circle): Adult or Child: Small - Medium - Large - XL - 2X - 3X

Camper's Health Information: Is Camper currently taking any medications or treatments: Yes / No (If yes, please list and explain) _____

Date of last tetanus toxoid immunization: Month/Year: _____

Any restrictions on sports or swimming: Yes / No (If yes, please list and explain) _____

Food Allergies: _____

Drug Allergies: _____

Please check any that apply: Sinus Trouble _____ Heart Trouble _____ Epilepsy _____ Asthma _____ Hemophilia _____ Arthritis _____ Diabetes _____ Other (please list) _____

Please initial if you are agreeing with the following: _____ I will allow my child to be treated with over-the-counter medications for minor illnesses such as headache, diarrhea, etc. (i.e., Tylenol, Pepto-Bismol, Aloe Vera, etc.)

Parent/Legal Guardian Information:

Mother: _____ Cell: _____

Father: _____ Cell: _____

Other: _____ Cell: _____

Email: _____

Please initial if you are agreeing with the following: _____ I give my permission for videos or photos containing images of my child to be used for promotional purposes. I acknowledge that fees will not be paid for such use.

Insurance Information: *Please attach a copy of your health insurance card.*

Policy Holder's Name: _____

Employer: _____

Insurance Company: _____ Group/I.D. #: _____

Physician: _____ Phone: _____

Emergency Contact Information (if parents cannot be reached):

Name: _____ Relation: _____ Contact Phone: _____

Name: _____ Relation: _____ Contact Phone: _____

Authorization to participate and seek emergency medical care:

I hereby give my permission for (Camper's name) _____ to attend, participate and ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities in Children's Camp 2022 at Lake Swan sponsored by the BLACK CREEK BAPTIST ASSOCIATION from Sunday – Thursday, July 10 – 14, 2022.

I agree to hold harmless and indemnify the BLACK CREEK BAPTIST ASSOCIATION, its directors, employees, and agents, for any liability sustained through the willful, intentional, or negligent acts of the participant. Furthermore, I assume all risk for ourselves, or my child, of personal injury, sickness, death, damage, and expenses as a result of participation in the activities sponsored through the BLACK CREEK BAPTIST ASSOCIATION.

I hereby authorize any adult in whose care the minor has been entrusted, to consent to any and all types of medical diagnosis and/or treatment, to consent to any X-ray examination; anesthetic, medical, or surgical treatment, and hospital care or dental diagnosis. I assume responsibility for any medical bills incurred. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

_____/_____/_____

(Parent/Guardian Signature)

(Date Signed)

(Parent/Guardian Contact Number)

Notary Information:

The following is to be completed by the notary witnessing parent/guardian's signature:

The State of Florida The County of _____. The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

Notary Public Signature: _____

Notary Seal:

Personally Known _____ OR Produced Identification _____

Type of Identification Produced: _____