

2023 OBC CAMPER REGISTRATION & RELEASE FORM

July 9 – 13, 2023

Please print clearly

Camper's Name: _____

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

Phone: () _____ Sponsoring Church: **Oakleaf Baptist Church**

Address: _____ City: _____

State: _____ Zip: _____ Grade Completing 2022–2023 School Year: _____

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 2023** at Lake Swan sponsored by the **Oakleaf Baptist Church** from Sunday – Thursday, July 9 – 13, 2023.

I agree to hold harmless and indemnify the Oakleaf Baptist Church, 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 Oakleaf Baptist Church.

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: _____