



Oakleaf Baptist Church • Impact Youth Ministry

Youth Camp Registration

Please print and return to Impact Leadership.
You may upload and email to youth@oakleafbaptist.org.
Notary available – rwinslow@oakleafbaptist.org

Student Information:

Name: _____ DOB: _____ Grade: _____

Primary Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Tel: _____

Parent Email: _____

Health Issues/Medication Needs: _____

Health Insurance Info: Name of Insured: _____

Member/Policy Number: _____ Group: _____

Initial: _____ In the event of an emergency, I authorize the Leadership of Impact Youth Ministry of Oakleaf Baptist Church to seek medical attention for my child at the nearest healthcare facility. (You may send copies of your child's insurance cards if you desire.)

Emergency Contact Information (if we cannot reach you):

1. Name: _____ Tel: _____

2. Name: _____ Tel: _____

SIGNATURE: _____ **DATE:** _____

OBC Use Only _____

Notary Stamp:

Signature: _____

Printed Name: _____