



## 2021 BCBA CAMP REGISTRATION & RELEASE FORM

July 11-15, 2021

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 2021 at Lake Swan sponsored by the BLACK CREEK BAPTIST ASSOCIATION from Sunday – Thursday, July 11 – 15, 2021.

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: \_\_\_\_\_