



2020 BCBA Camp Registration & Medical Release Form

Camper's Name: _____

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

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

School: _____ Grade Completed: _____

Sponsoring Church: _____ Church Phone: _____

T-Shirt Size (please circle): Adult or Child: Sm Med Lg 1X 2X 3X

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.

To Whom It May Concern:

The undersigned does hereby give permission for _____
Student's Name

to attend Summer Camp at Lake Swan and participate in the activities sponsored by the Black Creek Baptist Association, on Sunday – Thursday, July 12 – 16, 2020.

The undersigned does also hear by give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Black Creek Baptist Association.

_____/_____/_____/_____
Parent or Guardian Signature Date Cell Phone Work Phone
This page does not require a notary signature.

Parent/Legal Guardian Information:

Mother: _____ Cell: _____

Father: _____ Cell: _____

Other: _____ Cell: _____



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Emergency Contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 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.)

Please check any that apply:

Sinus Trouble _____, Heart Trouble _____, Epilepsy _____, Asthma _____, Hemophilia _____,

Arthritis _____, Diabetes _____, Other (please list) _____

INSURANCE INFORMATION:

Please attach a copy of your health insurance card.

Policy Holder's Name: _____

Employer: _____ Wk. Phone: _____

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

Physician: _____ Phone: _____



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EMERGENCY MEDICAL AUTHORIZATION:

To whom it may concern:

I hereby give my permission for _____

Student's Name

to attend and participate in Children's Camp 2020 at Lake Swan sponsored by the BLACK CREEK BAPTIST ASSOCIATION from Sunday – Thursday, July 12 – 16, 2020.

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 or Guardian Signature Date Home Phone Cell Phone Work Phone

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 _____