



**Bethel Baptist Church - 2018 9th Annual
Missions Adventure Camp
Individual Camper Registration Form
June 24 - 28, 2019
8:30am - 4:00pm**

Registration Fee:

\$60 per camper (includes lunch each day). **Registrations due by June 14th.**

Please circle one of the following: Student or Chaperone

CAMPER'S NAME _____ Date of Birth _____

Grade Entering 2018-2019 _____ Parent/Guardian Name _____

Parent/Guardian Address _____

City _____ State _____ Zip _____

Phone (____) _____ Alternate Phone (____) _____

E-mail Address _____ Have you made a profession of faith? (Yes / No)

CAMPER'S CHURCH _____ City _____

Pastor's Name _____ Church Address _____

Church Phone (____) _____ Residence Phone (____) _____

EMERGENCY CONTACT PERSON _____

Address _____

City _____ State _____ Zip _____

Business Phone (____) _____ Residence Phone (____) _____

E-mail Address _____

*If you need additional camp forms, please copy this form as needed.
For additional information, call Bethel Baptist Church 863-858-5525*

**MISSIONS ADVENTURE CAMP
MEDICAL / HEALTH HISTORY FORM**

For Information Contact:
Bethel Baptist Church
3125 W Socrum Loop Road
Lakeland, Florida 33810
863-858-5525

This form must be completed and signed by parents/guardian of minors or by adult participant themselves. **Campers cannot attend unless they bring all completed forms to camp.**

Camper Name _____ Sex _____ Age _____ Birthday _____
Parent or Guardian _____ Phone _____
Home Address, City, State & Zip _____
Business Address, City, State & Zip _____ Phone _____
Second Parent and /or Guardian _____
Home Address, City, State & Zip _____
Business Address, City, State & Zip _____ Phone _____
If not available in an emergency notify _____ Home Phone _____
Address, City, State & Zip _____ Work Phone _____

List Current Medication (please attach daily instructions): _____

All medications should be in manufacturer or prescription containers. (No loose meds will be accepted). Clinic will follow label instructions unless physician's documentation is provided otherwise. All medications must be turned in at registration.

Allergies (check and list): Drugs _____ Foods _____ Insect Bites/Stings _____ Other _____

Please list any current medical problems or tendencies such as asthma, diabetes, sleep walking, bed-wetting, etc: _____

Has camper been exposed to a contagious or infectious disease within two weeks prior to camp? _____ Explain _____

Do you carry family medical/hospital insurance? _____ **If so, indicate: Whose name is insurance listed under?** _____

Carrier: _____ **Policy or Group #** _____

Insured Social Security Number: _____

Name of Physician _____ Phone _____

Dietary Modifications _____ Date of last physical examination (recommended if over 2 years) _____

Suggestions or health related information for camp personnel _____

Has the participant ever had: (please describe) _____

Operations or serious injuries? (include dates) _____

Disability, chronic or recurring illness _____

Should camper wear special protection during any activity? (i.e. ear plugs, sunscreen, knee-brace-- include instructions) _____

Important -- This Box Must be Completed for Attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp.

Signature of parent or guardian or adult camper/staffer _____ Date: _____

Witness (no relation): _____ Date: _____

Witness (no relation): _____ Date: _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor _____ Date: _____

MAC CAMPER INFORMATION

Camper Name _____ Goes By _____ Age at camp _____ Birthday _____

Parents _____ Vocation _____

Vocation _____

Campers Address _____ City _____ State _____ Zip _____

Brothers or sisters (names and ages) _____

Church _____ City _____ Pastor _____

School _____ Grade Entering this fall _____

Emergency Phone # _____ Have you made a profession of faith in Jesus Christ? _____ When? _____

Can you swim? _____

I (participant's Signature) _____ have read, understand and will abide by MAC's rules.

Non-Participation form

Camper's are encouraged to participate in all activities. All activities are conducted under the highest safety standard for that particular activity. Listed below, are the activities in which your child may choose to participate. We highly recommend that you discuss any decisions to not allow your child in a particular activity with him/her before coming to camp. If you have any questions regarding an activity or manner in which it is conducted, please contact the Camp Director.

Daily activities: Archery, BB Rifles, Camp-craft, Crafts, Fishing, Kayaking, Individual Low Ropes Challenge, Nature Walk, Team-Building Low Ropes Challenge and Team Sports

List any Restrictions to the activities listed above: _____

Parent's/Guardian's Signature _____ Date _____

NO PHOTOS

We will be taking pictures at camp. If you **DO NOT** wish for your child's photo to be used, please sign.

Camper's Name _____ Parent's/Guardian's Name _____

Release Form

Only the following persons can pick up my child from MAC.

1 _____

2 _____

3 _____

The van driver from _____ Church _____

Under No circumstances may the following pick up my child.

1 _____

2 _____