

# FRANKLIN BAPTIST ASSOCIATION

## 2010 Camper Registration

Age \_\_\_\_\_ 2010 Camper Registration Day Camp \_\_\_\_\_  
Grade Completed \_\_\_\_\_ (Complete **ALL** blanks and **return form to Sponsoring Church**) Girls Camp \_\_\_\_\_  
Boys Camp \_\_\_\_\_  
Youth Retreat \_\_\_\_\_

Camper's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Sex (M) \_\_\_\_\_ (F) \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Complete Address \_\_\_\_\_

In case of emergency call (Name/address) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Sponsoring Church and City \_\_\_\_\_

**(Each camper must be sponsored by a Franklin Association Church)**

Permission to participate in water activities? Canoeing: Yes \_\_\_\_\_ No \_\_\_\_\_ Swimming: Yes \_\_\_\_\_ No \_\_\_\_\_

Any Activity Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

List: \_\_\_\_\_

T-shirt Size: Yth Med \_\_\_\_\_ Yth Large \_\_\_\_\_ Ad Small \_\_\_\_\_ Ad Medium \_\_\_\_\_ Ad Large \_\_\_\_\_ Ad XL \_\_\_\_\_ Ad XXL \_\_\_\_\_

### MEDICAL INFORMATION: (to be supplied by Parent or Guardian)

Insurance Company \_\_\_\_\_ Policy/ID# \_\_\_\_\_

The child's physician which is to be notified \_\_\_\_\_ City/Phone NO. \_\_\_\_\_

List any special medical problems or allergies \_\_\_\_\_

### List medicines, medicine times & medical instructions on the back of this form.

**NOTE: ALL MEDICINE** must be in original container(s) with complete instructions and **MUST** be turned in to Camp Nurse during registration/check-in. **DO NOT SEND** aspirin or Tylenol - these are provided. **May Tylenol or aspirin be given** by the nurse on an "as needed" basis? Yes \_\_\_\_\_ NO \_\_\_\_\_ PREFERENCE \_\_\_\_\_

**CAMPER'S AGREEMENT:** *I have read and understand the camp rules and will abide by them with the full knowledge that violations will result in immediate disciplinary action up to, and including, being sent home.*

**CAMPER'S SIGNATURE** \_\_\_\_\_

**PARENT'S AGREEMENT :** *I (We), the undersigned parent(s) or guardian(s) of the above-mentioned minor child, do hereby give consent for ANY emergency care deemed necessary by Franklin Baptist Association Camp leaders and/or the medical facility(ies) to which he/she is taken. I (We) further agree to release Franklin Baptist Association and its representatives from liability for any injury or mishap which may occur at camp, including any accident which may occur during transportation to or from camp.*

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

\*\*\*\*\* (For office or church use only) \*\*\*\*\*

Amount received from camper: \_\_\_\_\_ Date received: \_\_\_\_\_

Balance due from church: \_\_\_\_\_ Date received: \_\_\_\_\_

Signature of church official if church is paying part of fee: \_\_\_\_\_

CABIN NO.: \_\_\_\_\_ CABIN LEADER'S NAME: \_\_\_\_\_

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CAMPER'S NAME

**OTHER MEDICAL INFORMATION AND INSTRUCTIONS**

**ANY SPECIAL SKILLS OR INTERESTS?**