

2026 CAMPER REGISTRATION

SPARK KIDS-3rd-5th Grade (COMPLETED)

Return this form with your camp fee to your Church Camp Coordinator: Angela Brown.
You may choose to register your camper(s) yourself online at www.tcsba.com, click Ministries, Summer Camps, go to link at bottom. Please let your Coordinator know you have registered.

REGISTRATION DEADLINE:
April 19, 2026
CAMP FEE: \$165

Church Attending With:
Impact Church

T-SHIRT SIZE:
Please mark your camper's T-shirt size below.

| | |
|----------------------------|------------------------------|
| YOUTH | ADULT |
| <input type="checkbox"/> S | <input type="checkbox"/> S |
| <input type="checkbox"/> M | <input type="checkbox"/> M |
| <input type="checkbox"/> L | <input type="checkbox"/> L |
| | <input type="checkbox"/> XL |
| | <input type="checkbox"/> 2XL |
| | <input type="checkbox"/> 3XL |

CAMPER INFORMATION

Name: _____ Male Female
FIRST LAST at birth at birth

Date of Birth: ____/____/____

Please circle the Grade your child has **completed**: 3rd 4th 5th 6th

PARENT/GUARDIAN INFORMATION

Parent or Guardian: _____ Relationship: _____

Email: _____

1st Contact Phone: _____ 2nd Contact Phone: _____

Once at camp, your child will not be allowed to leave without written permission of a parent or guardian (ID will be required).
Individuals other than the parent/guardian listed above who may pick up my child from camp:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Camp activities include, but are not limited to, swimming, water activities, hiking, archery, and sports.

Please list camp activities/sports that you **DO NOT** want your child to participate in:

My child has permission to be given the following over-the-counter medications by the Camp Medic:

| | | |
|--------------------------------|--------------------------|-----------------------------|
| Tylenol/ Acetaminophen: yes no | Ibuprofen/Motrin: yes no | Allergy Medicine: yes no |
| Antacid: yes no | Topical Ointment: yes no | Cough/Cold Medicine: yes no |
| Artificial Tears: yes no | | |

MEDICAL HISTORY: Please circle yes or no. Please do not leave any blank.

| | | |
|--------------------------|--------------------------------|-------------------------|
| ADS/ADD/ADHD: yes no | Kidney Trouble: yes no | Stomach Trouble: yes no |
| Asthma: yes no | Heart Trouble: yes no | Appendectomy: yes no |
| Seizures: yes no | Diabetes: yes no | Ear Trouble: yes no |
| Bladder Problems: yes no | Emotional Difficulties: yes no | Sleep Walking: yes no |

Date of last tetanus shot: ____/____/____

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Will your child be taking medicine at camp? yes no Is your child currently under a doctor's care? yes no

If yes, what is your child being treated for? _____

**ALL medications MUST be checked in with the Camp Medic upon the arrival to camp and be in original bottles!*

List any other health concerns, allergies, or special instructions: _____

MEDICATIONS: List below all *prescription* medications that will be sent to camp with your camper.

Medication should be sent in the ORIGINAL prescription bottle(s) inside a Ziploc Bag with the child's name and church written in permanent ink on the bag. Please send only enough medication for the 4 days of camp.

| | MEDICATION | DOSAGE | TIME OF DAY |
|----|------------|--------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PERMISSION/CONSENT

By signing below, I agree that Tri-County Southern Baptist Association (TCBA) will not be held responsible for unforeseen accidents or illness of my child while participating in TCBA-sponsored events, including Summer Camp. I grant permission for my child to participate in every camp sport and activity (this includes water activities) unless noted above. I recognize there is an element of risk in activities I or my child may participate in while participating in TCBA-sponsored events and activities, and I assume full responsibility for my child or myself for any accident or injury that may occur while participating in said events and activities. I hereby release, indemnify and hold harmless TCBA, its agents and employees, from and against any and all claims, liabilities, suits, actions, attorney's fees and including without limitation any act, omission or negligence of TCBA, its agents, employees which may arise from or in any way be connected with my child's/my stay or participation in activities or events sponsored by TCBA. I hereby give my permission for the Camp Medical Personnel to administer treatment for minor illness or injury. In the event of a medical emergency, I authorize TCBA and/or the individuals in charge of this organization to seek emergency medical attention for my child. I authorize the attending physician and/or hospital to administer emergency medical aid to my child as they deem necessary in the event of illness or accident. I also authorize the above named to administer the medication(s) listed on page 4 of this application. I have read the information on page 2 of this application and have gone over them with the above-listed camper. I give my permission for my child to be retained at camp (even recognizing the possibility of homesickness) except in case of life emergency. NOTE: Videos & pictures will be taken during camp for use in future marketing materials for camp.

Parent/Guardian Signature: _____ Date: _____