

Camper Name: \_\_\_\_\_ Mt. Pleasant Baptist Church Pastor's Camp Registration Form Age: \_\_\_\_\_

**Mt. Pleasant Baptist Church**

5320 Helena Road  
P.O. Box 199  
Helena, Alabama 35080  
Phone#: (205) 624-3323  
[www.mpbchelena.com](http://www.mpbchelena.com)

**Child**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of May 31, 2018) \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Church Member (Y/N) \_\_\_\_\_ If Yes, Membership Date (Approx) \_\_\_\_\_

**Parent/Guardian #2 (If applicable)**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Church Member (Y/N) \_\_\_\_\_ If Yes, Membership Date (Approx): \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

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**Pastor Camp 2018 - Photo Release**

I hereby give permission for my child to be photographed during Pastor's Camp at Mt. Pleasant Baptist Church. I understand these photos will be used solely on the Mt. Pleasant Baptist Church website (www.mpbchelena.com) to showcase some of the camp activities and participants of the camp.

Parent's/Guardian's Initials \_\_\_\_\_

**Pastor Camp 2018 Transportation Authorization**

I hereby give permission for the transportation of my child for official Mt. Pleasant Baptist Church camp activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials \_\_\_\_\_

**Pastor's Camp 2018 Personal Property Release**

Mt. Pleasant Baptist Church and Pastor's Camp co-organizers are not responsible for lost or damaged personal property.

**Pastor's Camp 2018 – Camp Drop-Off and Pickup**

I understand that I am responsible for escorting my child into Pastor's Camp and signing him/her in each day. I understand that when picking up my child, I am responsible for signing him/her out each day. *No child drop-offs or pickups are allowed.* These procedures have been put in place for the safety and protection of each camp participant.

**PLEASE READ CAREFULLY**

In consideration for the opportunity to participate in the activity described above (the "Pastor's Camp"), parent of the camp participant (or the participant if 18 years old or older) acknowledges and accepts there may be risks of injury associated with participation in and transportation to and from the Activity. The parent/guardian (or participant if 18 years or older) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is deemed required by authorized emergency personnel who may be contacted should an injury occur.

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Mt. Pleasant Baptist Church and Pastor's Camp (the Activity Sponsor) for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity.

Should a parent and/or guardian have questions, concerns or issues resulting from an incident that occurred during Pastor's Camp, parent and/or guardian will meet with Pastor of Mt. Pleasant Baptist Church and the Director of the Youth Department where all parties will discuss and work through any such concerns amicably, civilly and in conduct reflective of Christian-based (biblical) principles. If, after a series of discussions to address the concern in detail, the parent and/or guardian remain dissatisfied with the actions taken by Mt. Pleasant to effectively resolve the issue that was raised, the parent and/or guardian agrees to resolve the matter with Mt. Pleasant Baptist Church through a state-approved alternative dispute resolution (ADR) process.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Pastor's Camp – Director in Charge -Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Pastor's Camp – Director in Charge - Signature: \_\_\_\_\_