

NO ONE MAY ATTEND CAMP WITHOUT THIS COMPLETED FORM!

NETXtreme Youth Camp

Lakeview Baptist Assembly

P.O. Box 0130, Lone Star TX 75668 Phone: 903-656-3871 Fax 903-656-2993 E-mail: Lakeview1948@Juno.com

REGISTRATION / MEDICAL FORM

PLEASE PRINT CLEARLY

Name _____ Social Security # _____ - ____ - ____
Last First Middle Initial

Address _____ City _____ State _____ Zip _____

Gender M F Current Age ____ Date of Birth _____ Grade Completed 6th 7th 8th 9th 10th 11th 12th Sponsor
(Circle One) (Circle One)

Sponsoring Church _____ Church Phone (____) _____

Please Circle T-Shirt Size: S M L XL XXL XXXL

Name of Parent/Guardian/Spouse _____ Social Security # _____ - ____ - ____

Daytime Phone: (____) _____ Evening/Weekend Phone: (____) _____ Cell Phone: (____) _____

Address (if different from camper) _____ City _____ State _____ Zip _____

Secondary Emergency Contact _____ Phone (____) _____ Relationship to Camper _____

Immunizations Current? YES / NO If NO, explain _____ Date of Last Tetanus Shot: _____

Medications Currently Taking _____

- Any prescription medications listed above must be checked in at the First Aid Station upon arrival at camp per state law.
- Medications must be in the original pharmacy bottle with physician's stated dosage or the medication cannot be legally dispensed.
- Do not bring any Over the Counter Medication to camp (per state law)– our First Aid Station is stocked with all necessary items.
- A completed and signed Medication Release/Administration Form is needed for each medication brought

Allergies Known (List and explain) _____

Current Medical Conditions _____

Previous Health Problems _____

IF PRESENTLY UNDER A DOCTOR'S CARE, DOCTOR MUST COMPLETE THIS PORTION

Restrictions of Physical Activity? YES / NO If YES, Explain fully _____

Doctor's Signature _____ Clinic _____

Address _____ City _____ State _____ Zip _____ Phone (____) _____

AUTHORIZATION

I hereby give my consent for the above named camper to travel with the sponsoring group, to take part in any and all activities occurring within the camp program (including travel to mission projects, painting, and/or light carpentry work if participation in the Mission program), and for Lakeview Baptist Assembly or camp nurse to treat my child for minor injuries and illnesses with the appropriate non-prescription medication. If in the event of an emergency, I cannot be reached, I hereby give my consent for Lakeview camp administration or church leadership to sign for emergency medical care should it be necessary. I understand that every effort will be made to provide the safest environment possible at camp, but that accidents can and do occur. I agree not to hold liable the sponsoring church, the camp staff, or Lakeview in the case of an unforeseen event. I am aware of the fact that photos and/or videos of my child or of myself may be taken during the week by camp staff, which may appear in future camp publicity. By signing this, I give permission to use these photos and/or videos. I hereby give permission to have my/my child's photograph/video taken. If this is unacceptable, I will so state that fact here by writing "NO" in the space provided. _____

PARENT/GUARDIAN IF CAMPER IS NOT A SPONSOR _____ **DATE** ____/____/____

I have read and understand the camp rules and dress code and agree to abide by them during my stay at Lakeview Baptist Assembly. If I do not abide by these rules, I understand that I could be sent home at my expense at the discretion of the camp director and camp administration.

SIGNATURE OF CAMPER _____ **DATE** ____/____/____

FOR ADULT SPONSORS ONLY

Pastor/Staff Recommendation: I recommend this adult to be a responsible sponsor.

SIGNATURE OF PASTOR/STAFF _____ **DATE** ____/____/____