



Caroline Baptist Association
Health / Registration Form
For all Campers and Staff/Volunteers

summerLIVE
2021

June 7-11, 2021

Church Name _____

Name _____

Sex: M or F Grade _____ (completed as of 6/2021)

Counselor _____

Worker-

Kitchen _____

Recreation _____

Adults: If you are not currently assigned a volunteer position but are willing, please let us know where you would like to work.

T-Shirt Size: YS YM YL S M L XL 2X 3X 4X

In Case of Emergency, Please Contact: 1) _____ Phone _____

2) _____ Phone _____

Medical Information: Please attach a front/back copy of the camper or counselor's insurance/health card.

In case of NO insurance or Medicaid, please complete the section on the back of this form.

Name of Insurance Company _____

Policy Number _____ Group Number _____

Policy Holder Name _____

Confidential Health Information

Please indicate any special medical information, medicines prescribed, condition, or allergy that camp personnel will need to know. Also, list any physical disabilities/limitations or other special needs.

The person described herein has my permission to engage in all camp activities at the camp named herein and, on the dates listed, except as noted by me and/or the examining physician on the accompanying medical forms.

If a medical emergency should arise while my child is at camp and I cannot be contacted, I hereby give my permission to the Camp Director to select a physician and/or hospital for my child's care. I hereby also give the physician and/or hospital, as selected by the Camp Director, my permission to hospitalize, treat and to order injections, anesthesia, or surgery for my child who is named herein. I will also assume the financial responsibility of such treatment as deemed medically necessary by the hospital physicians.

Parent or guardian printed name _____

Parent or guardian signature _____ Date _____

Self-Carry Medication Permission

Camper's Name _____ Church _____

Type of Medication _____

Dosage Requirements: _____

I, _____, give my permission for the camp staff of summerLIVE at Baptist Vista to handle _____'s medication during his/her time at camp. Except for the EpiPen or Insulin, I understand that the staff cannot physically administer or force the medication.

Parent/Guardian Name _____

Contact Phone Number _____

Prescribing Doctor _____ Phone Number _____

Date _____ Parent/Guardian Signature _____

Uninsured Camper Clause:

If the participant DOES NOT have insurance or Medicaid, please complete the following:

Full Name _____

Full Address _____

Phone number(s) _____

I, (Parent or Guardian) _____, will not hold the Caroline Baptist Association staff, camp personnel, or participating churches responsible for any accidents or injuries to my child while he/she participates in a Caroline Baptist Association sponsored event. I have read and understand this policy.

Parent or guardian signature _____

Parent or guardian printed name _____

Date _____

Photography Permission

I, (Parent or Guardian or Self) _____ give permission for (Name of Camper/Counselor) _____ to participate in all photography/video opportunities while attending summerLIVE camp at Baptist Vista under the direction of Caroline Baptist Association. The photos/videos may be used in camp promo by the church and/or association.

Parent or guardian signature _____

Parent or guardian printed name _____

Date _____