

GREAT PLAINS BAPTIST ASSOCIATION—PRETEEN CAMP
STAFF/SPONSOR REGISTRATION & MEDICAL INFO & RELEASE

Church you are a member of _____

Attending Week 1, June 1-4 _____ or Week 2, June 7-10 _____

For Teen sponsors--Grade completed May of this year _____

Name _____ Birth Date ____/____/____ Age ____ M ____ or F ____
Last First Middle

T-Shirt size: _____ Youth SM _____ Youth MED _____ Youth LG _____ Youth XL
_____ Adult SM _____ Ad MED _____ Ad LG _____ Ad XL _____ Ad 2X _____ Ad 3X

Home Address _____
Street & Number City State Zip

Home phone: (____) _____ Work phone: (____) _____ Cell or other phone: (____) _____

E-Mail address: _____

ALL SPONSORS 18 OR OLDER ARE REQUIRED TO COMPLETE THE TRAINING VIDEOS FROM MINISTRY SAFE. AN EMAIL WILL BE SENT TO YOU WITH VIEWING INSTRUCTIONS. The training is arranged in several units and can be completed at different times or all at once for approx. 1 hour and 40 minutes.

Emergency Contact: Name _____ Relationship _____

Home phone: (____) _____ Work phone: (____) _____ Cell or other phone: (____) _____

Insurance Information

Are you covered by family health/medical/hospital insurance? Yes No

If so, provide carrier or plan name _____ Group # _____

Health Insurance Address _____ Phone (____) _____
Street & Number City State Zip

Name of Insured _____ Relationship _____

Allergies:

_____ No known allergies

_____ The environment (insects, hay fever, etc)

_____ Medicine _____

_____ Food _____

_____ Other _____

Are immunizations/vaccinations up to date? ____ Yes ____ No Date of last Tetanus shot: _____

Under the care of a physician for the following condition(s): _____

Physician _____ Phone (____) _____
Street & Number City State Zip

Dentist _____ Phone (____) _____
Street & Number City State Zip

Medication being taken ~ keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of the administration.

Med #1: _____ Dosage: _____ Specific times taken: _____

Reason for taking: _____

Med #2: _____ Dosage: _____ Specific times taken: _____

Reason for taking: _____

Med #3: _____ Dosage: _____ Specific times taken: _____

Reason for taking: _____

Medically prescribed meal plan or dietary restrictions: _____

Operations, serious injuries, disabilities, chronic or recurring illnesses: _____

Explanation of any reported loss of consciousness, convulsions, or concussion: _____

Do you have: epilepsy? Y N Diabetes? Y N Asthma? Y N

Additional Health Information: _____

I understand that I am responsible for the behavior of the children under my care. I must be available to the children at all times; this requirement prohibits me from leaving children alone in cabin without supervision! I will not leave camp without assuring proper supervision by other adults. I further understand it is my responsibility to guide our children to obey the camp rules.

Emergency authorization: I hereby give permission for camp personnel to transport me (or my child for Teen Sponsors) at their discretion and for medical personnel selected by the camp director to order x-rays, routine tests and treatment for me as a volunteer, counselor, staff or employee, or my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for camper/staff/counselor/employee as named above.

My signature below also gives my permission for pictures of me (or my child if Teen Sponsor) taken at the camp to be used by the individual church and Great Plains Baptist Association publications and/or social media.

Signature of Adult Sponsor _____ Date _____

Signature of Teen Sponsor _____ Date _____

Signature of parent/guardian (if under 18) _____ Date _____