

Camp Registration Form
Black River Baptist Association
Office: 888-3867

DIRECTOR USE ONLY
Cabin: _____
Counselor: _____

NAME: _____ AGE: ___ Counselor/Boy/Girl _____
ADDRESS: _____ CITY: _____ ZIP: _____
BIRTH DATE: _____ GRADE COMPLETED: _____
WHAT CHURCH DO YOU ATTEND? _____
WITH WHAT CHURCH ARE YOU REGISTERING? _____
WHAT CABIN ARE YOU STAYING IN? _____
ARE YOU A CHRISTIAN? _____ CHURCH MEMBER: _____

HEALTH INFORMATION:

Allergic Reactions: Bee Sting ___ Penicillin ___ Poison Ivy/Oak ___ Other Drugs _____
Details of above or additional information: _____
Date of last Tetanus Shot: _____

Health History:(Answer yes or no)

Frequent Colds: ___ Kidney Trouble ___ Athlete's Foot ___ Sinus Trouble ___
Emotional Difficulties ___ Diabetes ___ Ear Trouble ___ Heart Trouble ___
Sleep walking ___ Upset Stomach ___ Bed Wetting ___
Any specific activities to be restricted or special instructions to above? _____

My child has permission to swim. Yes ___ No ___

Phone Number in case of emergency: Business _____ Home _____
Name of Family Doctor: _____ City _____

I hereby authorize the camp nurse to dispense over-the-counter medicine as needed, i.e. tylenol, Benadryl, etc. If your child has a fever or anything other than a minor injury all efforts will be made to notify you.

Parent/Guardian Signature: _____ Date: _____

PARENTS OR GUARDIANS EMERGENCY MEDICAL CARE APPROVAL

In case of emergency, I hereby authorize doctors or hospital personnel to take whatever action is necessary for the health and safety of the child named above. This would include transportation to a local doctor or health care facility.

Parent/Guardian Signature: _____ Date _____

No camper will be accepted at camp without parent or legal guardian approval on this form.