CAMP REGISTRATION FORM

Please detach and return with registration fee of $85 to MBA by 7/1
Child's Name: _____
Parent/Guardian's Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Home Phone: (_____) _____ - _____
Sex: M F Birthday: ___ / ___ / ___ Grade completed: _____
Church: _____
Parent's Cell Phone: (___) ____ - _____ Work:(___) ____ - _____
Emergency Contact: _____
Relationship: _____Phone: (___) ____ - _____
Does your child swim? Yes No
Family Physician: _____Phone: (___) ____ - _____
Insurance Company: _____Policy #: _____
Insured's Name: _____Group #: _____
Allergies/medical issues/special needs:
_____
_____
Medications: _____* (May attach a list)
May we administer the following if needed?*
___ Tylenol ___ Pepto Bismol ___Antihistamines
*Necessary medications will be administered by camp nurse.
Please list names of those allowed to pick up your child:
_____
_____
Parent Consent: I have read this camp brochure and give permission for my child to attend Middle Baptist Association Children's Camp at the Coastal Empire Christian Camp, Sylvania, Georgia on July 7-9, 2026. In case of emergency, I give my permission for the physician selected by the camp directors to render proper treatment for my child
_____.

Parent Signature: _____ Date: _____
Notary Public: _____ Date: _____

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