

2018 Youth Adventure Camp Application

(Please Print or type)

CAMPER'S NAME: _____ AGE: _____

NAME OF PARENT/GUARDIAN: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMERGENCY PHONE: _____

ADDRESS: _____ ZIP CODE: _____

DONATION - \$80.00

MEDICAL INFORMATION

All campers must have their own medical coverage. Campers will not be able to participate unless the following information is submitted. This form must be signed by Parent/Guardian of the camper.

- Do you have any health concerns? YES: ___ NO: ___
- Do you have any allergies? YES: ___ NO: ___
- Are you currently taking any medications? YES: ___ NO: ___
- Do you have any special needs? YES: ___ NO: ___

If you answered yes to any of the above questions, please explain:

MEDICAL TREATMENT AUTHORIZATION

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge First Missionary Baptist Church and its pastor, staff, officers, agents, employees, representatives, successors, and assignees of and from ALL rights and claims for damages, injuries, of person or property which may be sustained or occur during participation in camp activities or while at camp.

Signature _____ Date: _____

In case of medical emergency, I hereby authorize First Missionary Baptist Church permission to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child as named above.

Signature of Parent/Guardian: _____ Date: _____