

KidsLifeKamp 2012 Registration / Medical Form

Pineywoods Baptist Encampment

Last Name First Name Middle Initial

Address City State Zip Code

Social Security # _____ - _____ - _____ SS# is not required by Pineywoods. If the camper is sent to a clinic or hospital, the SS# will be required before the patient is admitted.

Gender: M F Current Age _____ Grade Completed: 3rd 4th 5th 6th
Camper Sponsor

Sponsoring Church _____
Name City

T-Shirt Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large
(Size 10-12) (Size 14-16)
Adult XLarge Adult XXXLarge

Emergency Contact Name _____

Relationship to Camper _____ Home Phone(_____) _____

Business Phone(_____) _____ Cell Phone(_____) _____

Alternate Emergency Contact Name _____

Relationship to Camper _____ Home Phone(_____) _____

Business Phone(_____) _____ Cell Phone(_____) _____

Pertinent Medical History/Conditions(s) _____

Special Instructions for Above _____

Known Allergies _____

Current Medications (List and Instructions) _____

FILL IN THE CONTACT INFORMATION BELOW IF PRESENTLY UNDER A DOCTOR'S CARE.

Doctor's Name _____ Phone(_____) _____

Address City State Zip

AUTHORIZATION

I hereby give my consent for the above named camper to travel with the sponsoring group and to take part in any and all activities occurring within the camp. If in the event of an emergency, I cannot be reached, I hereby give my consent for Pineywoods Camp Administration or church leadership to sign for emergency medical care should it be necessary. I understand that every effort will be made to provide the safest environment possible at camp, but that accidents can and do occur. I agree not to hold liable the sponsoring church, the camp staff, or Pineywoods in the case of an unforeseen event.

I consent and give my permission for the use of photographs of myself and/or my child taken while at camp to be used for the promotion of Pineywoods Baptist Encampment and/or TEBA/NRBA Preteen Camp on their web page or printed materials.

I have read and understand the camp rules and agree to abide by them during my stay at Pineywoods Baptist Encampment. If I do not abide by these rules, I understand that I could be sent home at my expense at the discretion of the camp director and camp administration.

Parent/Guardian Signature (If Camper is a Minor) _____

Signature of Camper/Sponsor _____