

Black Hills Baptist Camp

For Administrative Use Only:

Date Rec'd: _____ Cabin: _____
Amt. Paid: \$ _____ Check # _____
 Camper of the Year Cash M.O.

Registration and Medical Release Form

Camper's Name: _____ Grade this Fall: _____

Age: _____ Date of Birth: ____/____/____ Male ___ Female ___ First time at this camp? YES NO

Home Address: _____
(Street) (City) (ST) (Zip)

Sponsoring Church: _____
(Church Name) (City)

Email (optional): _____ YES, Please notify me of website updates.

Parent or Guardian: _____

Parent or Guardian Contact Numbers: (____) _____ (____) _____

Other Emergency Contact Name: _____ (____) _____

Family Physician: _____

Physician's Address: _____ (____) _____

CAMPER'S HEALTH HISTORY *(Please be specific. Use the back of this form for additional information.)*

Allergies: _____

Type of Reaction: _____

Current Medications *(Please List, including Dose & Time)*: _____

Are any of the above medications being used to treat ADD/ADHD? YES NO

Current Health Concerns: _____

Conditions that would prohibit camper from participating in sports: _____

Past Injuries or Operations: _____

TREATMENT RELEASE:

In case of emergency, I give permission for *(Camper)* _____ to be given first aid by the camp nurse or an appropriate medical facility. I will not hold the camp, camp personnel, or camp nurse liable in the event of accident or injury. I understand that the camp liability insurance is a secondary provider only, and that I must first file any claims with my own primary insurance provider.

Signature *(of Parent or Guardian)*: _____ Date: _____

PARENT/CAMPER AGREEMENT:

I, *(Camper)* _____, agree to obey and follow all rules set forth by Mallo Campground, the Black Hills Baptist Camp, and all Camp Staff and Counselors. I understand that refusal to submit to Authority may result in my being sent home **without refund and at my parents' expense**.

Signature *(of Camper)*: _____ Date: _____

Signature *(of Parent or Guardian)*: _____ Date: _____

 **Please mail this form with payment in the amount of \$135 by June 30 (\$155 after June 30):**

Pastor Randy Fowler, First Baptist Church, P.O. Box 680, Upton, WY 82730-0680

Please make Check or Money Order payable to: "Black Hills Baptist Camp"