

# 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 \$120 by June 30 (\$130 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"