CAMPER REGISTRATION

Teen Camper: ____ Junior Camper: ____
Male: ____ Female: ____

Camper's name: _____

Age: _____ Date of birth: _____/_____/_____ Grade next year: _____

Parent/Legal Guardian name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Email: _____

Home phone: ( ) _____ Emergency number: ( ) _____

Church name: _____

Church address: _____

City: _____ State: _____ Zip: _____ Email: _____

Church phone: ( ) _____ Pastor's name: _____

Youth director's name: _____

Family physician's name: _____

Physician's phone: _____

Physician's address: _____

Please list and explain any medical conditions, medications, or allergies:

_____

_____

_____

_____

Current daily medications:

_____

_____

_____

A ministry of Capitol Baptist Church – T.H. Moore, Pastor
302.734.2410 – 401 Kesselring Ave. – Dover, DE 19904
www.cbcofdover.com

Please complete the following insurance coverage information:

Name of insurance company: _____

Employee name: _____

Employer name and address: _____

_____

Group policy number: _____ Policy number: _____

Or attach a photocopy of the card's front and back to this form.

I give my consent for the above-named camper to attend Capitol Baptist Youth Camp at New Life Island. My/our child may participate in all camp activities. I/we will not hold the organization or its sponsors liable in case of sickness, injury, or loss of property. I/we give consent for our child to receive emergency medical treatment if necessary. I/We also agree to abide by all camp rules and regulations.

The above-named caregiver shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusion, diagnostic test, etc.), for the above-named child, which may be required during above-named facility that Capitol Baptist Youth Camp and its counselors deem proper and necessary.

Note: Consents are not required in emergency situations. I agree to pay for all services provided to my child while they are at camp.

I have read the general information and code of conduct and agree to all the conditions set forth.

Parent/Guardian signature: _____ Date:_____

Camper signature: _____Date:_____

Please send all forms and a $50 non-refundable deposit to:

Capitol Baptist Church

401 Kesselring Ave.

Dover, DE 19904

Deposit is due by June 30th, 2017

Balance is due upon arrival for all campers

(The $50 non-refundable deposit is deducted from each camper's balance)