

# CAMPER REGISTRATION

Teen Camper: \_\_\_\_\_ Junior Camper: \_\_\_\_\_  
Male: \_\_\_\_\_ Female: \_\_\_\_\_

Participant'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 name: \_\_\_\_\_

Physician's phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

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

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Current daily medications:

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**A ministry of Capitol Baptist Church – T.H. Moore, Pastor**

302.734.2410 – 401 Kesselring Ave. – Dover, DE 19904

[www.cbcofdover.com](http://www.cbcofdover.com)

Is participant covered by personal/family medical insurance?  Yes  No

Name of insurance company: \_\_\_\_\_

Employee name: \_\_\_\_\_

Employee company name and address: \_\_\_\_\_

Group policy number: \_\_\_\_\_ Policy number: \_\_\_\_\_

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

Is sponsor authorized to approve medical treatment?  Yes  No

Sponsor: Capitol Baptist Church  
Address: 401 Kesselring Ave, Dover, DE 19904 Phone: 302-734-2410  
Sponsor's Coordinator: Jeremy McKay Phone: 302-734-2410  
Activity: Youth Camp (may include activities such as swimming, zipline, ropes courses, horseback riding, rifle range, field and sport activities, and more.)  
Location: The Promised Land Camp, 220 Boy Scout Rd., Conestoga, PA 17516  
Date: July 20-24, 2026

Participant Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including but not limited to the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risk of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor").

Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually alternative dispute process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Parent/Guardian signature: \_\_\_\_\_

Camper signature: \_\_\_\_\_

Please send all forms and a \$50 non-refundable deposit to:  
Capitol Baptist Church  
401 Kesselring Avenue, Dover, DE 19904  
Forms can also be emailed to [jmckay@cbcofdover.com](mailto:jmckay@cbcofdover.com)

***A \$50 deposit is due upon registration. If registration (including all forms) is received before June 22<sup>nd</sup> the camp fee per camper is \$195. If it is received after June 22<sup>nd</sup> the camp fee per camper is \$225. The final deadline for registration and all camp fees is no later than July 5<sup>th</sup>. See camp attendee worksheet for additional information.***

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