

**Camp Registration Form**  
**Four-Corners Independent Baptist Camp**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please provided below the names of two other people to contact in case of emergency:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Information**

Recent injuries or operations camp staff needs to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Any medications your child needs to take daily: *(All meds required to be given by camp nurse)*

\_\_\_\_\_

Does the camper require a special diet? YES NO If yes, what are the requirements?

\_\_\_\_\_  
\_\_\_\_\_

Please list all health insurance policies and policy numbers which cover your camper:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency every effort will be made to contact you or one of the emergency parties. In the event you cannot be reached, you do hereby give permission to the medical personnel and the camp director to secure prior medical treatment (including surgery if deemed medically necessary). You will accept any and all expenses associated with transportation and medical treatment if so rendered.

My child has permission to participate in all scheduled activities both on and off camp property. I will not hold the church, camp, camp staff, or camp director liable in case of any injuries or damages regardless of reason.

I also certify that the child name above has had all required immunizations as required by law and school regulations.

Signature of Parent/Guardian: \_\_\_\_\_