

Lexington Bethel Baptist Church Camper's Registration Form

Full Name: _____

____ Male ____ Female Date of Birth: _____ Age: _____

Address: _____

City, State, Zip: _____ Phone : _____

Parent or Guardian: _____

Emergency phone: _____ Cell: _____

Church Camper attends: _____

Pastor: _____ Phone: _____

For Administration Purposes

Church name: _____

Method of payment : ____ Check ____ Cash ____ Scholarship (Half or Full)

Age : ____ 0-3 ____ 4-7 ____ 8-10 ____ 11-12 ____ 13-18

Medical Consent Form

Note: This information must be completed for registration and to insure proper health care. This is consent for health care.

Camper's Name: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Child's Social Security # _____

Dates attending: _____ Is child under Doctor's Care? ___ yes ___ no

If yes, explain: _____

Will camper be taking medication at camp? ___yes ___no

Medication: _____ Dosage: _____ Time: _____

List special problems or allergies: _____

Date of last tetanus shot: _____

Family Insurance company: _____ Policy # _____

Group number: _____ Employer: _____

IN CASE OF EMERGENCY NOTIFY: _____

Home Phone _____ Work Phone: _____ Cell: _____

Relationship to camper: _____

CONSENT FORM: I give my permission for my child to attend Mountain View Baptist Camp sponsored by Lexington Bethel Baptist Church and to take part in all activities. My child will not attend camp if he or she is ill or exposed to a contagious disease. I do not hold camp personnel or sponsor liable for any accident or illness, and if necessary, give them permission to seek medical treatment for the child named above.

*Insurance claims will be filed in the following order: 1. Family Insurance, 2. Sponsoring Church, and 3. Mountain View Baptist Camp.

Signature of Parent or Guardian