

# Registration Form

*Please use black or blue ink only*

## **Church Information:**

Church Name: \_\_\_\_\_

Group Leader's Name \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail \_\_\_\_\_

## **Participant Information:**

Participant Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

## **Medical Information:**

Generally, the participant's health is (circle one):      Excellent      Good      Fair      Poor

If fair or poor, please explain \_\_\_\_\_

For each of the following, please write 'none' if not applicable:

Current medical conditions \_\_\_\_\_

Explain how they are being treated \_\_\_\_\_

Medications you are currently taking \_\_\_\_\_

Previous operations or serious illnesses \_\_\_\_\_

Allergies \_\_\_\_\_

Dietary or other special needs \_\_\_\_\_

Date of last Tetanus immunization \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Subscriber # \_\_\_\_\_

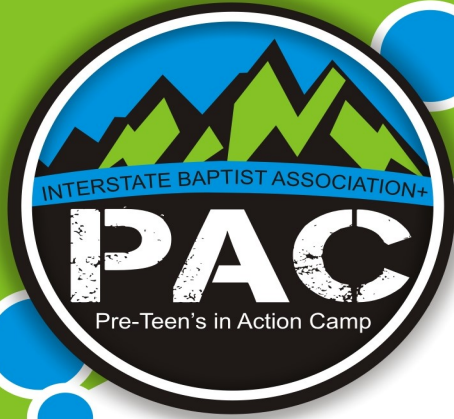
## **Emergency Contact Information:**

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Medical Release:**

I give permission for emergency medical treatment to myself or my child \_\_\_\_\_ by a hospital and doctor or other qualified medical personnel selected by the official representatives of the camp, and hereby agree to release and hold harmless the Interstate Baptist Association and its staff/employees from all liability and expense whatsoever for any injury resulting from any cause.

Parent or Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo/Video Release (optional)**

I hereby give permission for images of my child, captured during Pre-Teens in Action Camp through video, photo and digital camera, to be used for the purposes of Interstate Baptist Association's promotional material and publications, and waive any rights of compensation or ownership there to. I also give my permission for my child to be photographed in group photos that will be distributed to other participants.

Parent or Guardian Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Beliefs:**

PAC teachings and practices are guided by IBA beliefs and values expressed in the Baptist Faith and Message. For a copy of our beliefs visit: <http://www.sbc.net/bfm2000/bfm2000.asp>

Camp leaders reserve the right to discuss matters of belief and behavior with any participants.

Please return this form to your church leader unless otherwise directed.

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