



# Camper Registration Form

*Please use black or blue ink only*

## Church Information:

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

- Church City: \_\_\_\_\_

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

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

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

## Participant Information:

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

Date of Birth: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Tee Shirt Size: *(Included in your camp registration fee!)*

\_\_\_ YM \_\_\_ YL \_\_\_ YXL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ AXXL \_\_\_ AXXXL

Sweatshirt Size: ***(Optional: Additional cost of \$35)***

\_\_\_ YM \_\_\_ YL \_\_\_ YXL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ AXXL \_\_\_ AXXXL

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: \_\_\_\_\_

Ever had any problem with Novocaine/Lidocaine? : \_\_\_\_\_

Physician: \_\_\_\_\_

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

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

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

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

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

## Emergency Contact Information:

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

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

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



### **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/volunteers from all liability and expense whatsoever for any injury or illness resulting from any cause.

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

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

### **Photo/Video Release**

I hereby give permission for images and audio of my child, captured during Preteens in Action Camp through photo and video, to be used for the purposes of Interstate Baptist Association's promotional material and publications, and waive any rights of compensation or ownership thereto. 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: [bfm.sbc.net](http://bfm.sbc.net)  
Camp leaders reserve the right to discuss matters of belief and behavior with any participants.

### **Refunds**

Fees may not be fully refundable due to incurred expenses.

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

### **Interstate Baptist Association**

PO Box 19960, Portland, OR 97280  
(503) 452-2979 (fax) | [pacamp.iba@gmail.com](mailto:pacamp.iba@gmail.com)