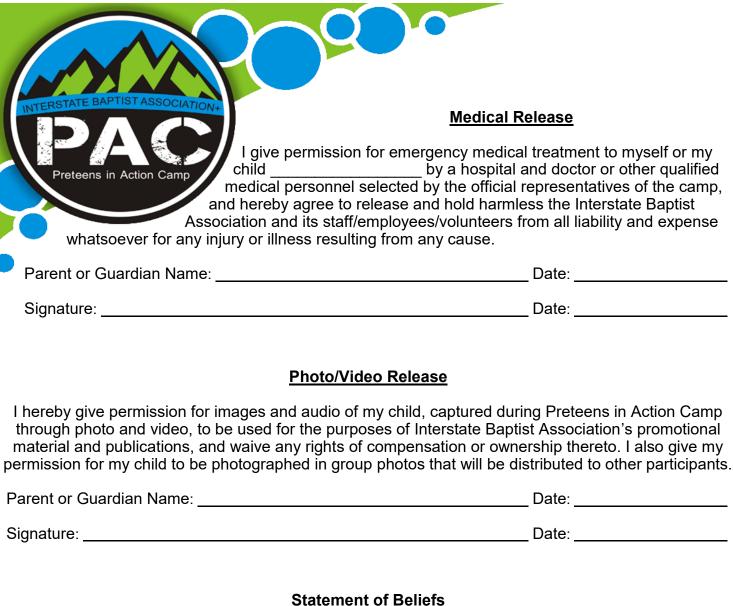


Camper Registration Form

	Please use black or blue ink only			/
Preteens in Action Camp	Church Information:			
Tetesia ii risioi saii p	Church Name:			
	- Church City:			
	Group Leader's Name - Mobile Number: E-mail:			
Participant Information:				
Participant Name:			Gend	ler:
Date of Birth:		Last Grade	Completed	:
Tee Shirt Size: (<i>Included in yd</i> YMYLYXL		L AXL	_ AXXL _	AXXXL
Sweatshirt Size: (<i>Optional: A</i> YMYLYXL	additional cost of \$35) ASAMA	L AXL	_ AXXL _	AXXXL
Address:	City:	State	e: Zip:	
Parent or Guardian Name(s):		Phone:		
E-Mail:	health is (circle one) : Eain:	xcellent Goo	d Fair	Poor
Medical Information: Generally, the participant's If fair or poor, please explained For each of the following, participant medical conditions Explain how they are being Medications you are current previous operations or ser Allergies: Dietary or other special needs	health is (circle one): Eain: lease write 'none' if not aps: g treated: ntly taking: rious illnesses:	xcellent Goo		
Medical Information: Generally, the participant's If fair or poor, please explained For each of the following, participant medical conditions Explain how they are being Medications you are curred Previous operations or ser Allergies: Dietary or other special near the participant of last Tetanus immunications.	health is (circle one): Eain: lease write 'none' if not aps: g treated: ntly taking: rious illnesses: eeds:	xcellent Goo		
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Medical Information: Generally, the participant's If fair or poor, please explained for each of the following, play and conditions are currently for explain how they are being Medications you are currently for each of last Tetanus immuser for each of last Tetanus immuser for had any problem with Physician: Subscriber Name:	health is (circle one): Eain: lease write 'none' if not aps: g treated: ntly taking: rious illnesses: eeds: n Novocaine/Lidocaine?: Phose Suitation: Relationship to Partic	pplicable: one: icy #: oscriber #:		



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 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

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