



# TOM Registration Form

TOMs must have completed 8th grade and have yet to graduate High School unless otherwise approved.

Apply online before **July 1st**: [www.ibanw.org/pac-camp](http://www.ibanw.org/pac-camp)

Notifications will begin **July 15th**

After approval, register with this form one week before camp starts

***Please use black or blue ink only***

## General Information

Name: \_\_\_\_\_  
*First Middle Last*

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

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Name & City: \_\_\_\_\_

Tee Shirt Size (Adult sizes): \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL

If you would like to order an optional sweatshirt, enclose an extra \$35 and select a size below:

\_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_ AXXL \_\_\_ AXXXL

Do you have a current Red Cross First Aid & Adult CPR Certification? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Medical Information

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

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Medical Conditions or Allergies: \_\_\_\_\_

Dietary or Other Special Needs: \_\_\_\_\_

Other Special Needs or Concerns: \_\_\_\_\_

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

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

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)