



Camper Registration Form

If handwriting this, please use black/blue ink

Church Information

Church Name: _____
- Church City: _____
Group Leader's Name: _____
- Mobile Number: _____
- E-mail: _____

Participant Information

Participant Name: _____
First Middle Last
Date of Birth: _____ Last Grade Completed: _____ Biological Gender: _____
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian Name(s): _____
(Include first & last names)
Home Phone: _____ Mobile: _____
Email Address: _____

Has this child been to our IBA Preteens in Action Camp before? **Yes** **No**

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

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 problems with Novacaine/Lidocaine? _____

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Other important medical information or concerns: _____

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 (listed above) 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/Guardian Name: _____
First Middle Last

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 PACs 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/Guardian Signature: _____ Date: _____

PAC Statement of Beliefs

PAC teachings and practices are guided by IBA beliefs and values, expressed in the Baptist Faith & Message. Visit bfm.sbc.net to view our beliefs. Camp leaders reserve the right to discuss matters of belief & behavior with all participants.

Refunds

Fees may not be fully refundable due to incurred expenses.

Return this form to your church leader unless otherwise directed

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