

Registration Form

Camper's full Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Birth date: _____ M/F

Parent/Guardian: _____ Grade Entering: _____

I hereby give permission for my child, _____, to attend Junior Jr./Sr. High (Please Circle One) Camp at Fort Faith Baptist Camp in Morley, Michigan. In the event that my child is injured or in need of medical attention I, the undersigned, give permission to the camp director, nurse, or leader to secure the appropriate medical attention and care that is necessary for my child, including first aid, hospitalization, anesthesia, emergency medical and/or surgical treatment for their safety and well-being. I agree to take full responsibility for my child's health and behavior. If they become unwilling to cooperate (in the opinion of the camp/director) or if deemed necessary for the health and safety of the camp that they be removed, I will come to the camp and get them. A strict "no-prank" policy will be enforced. Fort Faith Baptist Camp reserves the right to deny admission due to health reasons that the camp or the church may not be equipped to handle. I will not hold Fort Faith Baptist Camp or any of the camp leaders/staff responsible for any accident, injury, or illness that should occur. The camp leaders/staff will notify me immediately of any such occurrence.

Name of Insurance: _____

Policy #: _____

Policy Carrier(Parent or Guardian): _____

Contact Person: _____ Phone#: _____

Family Physician: _____ Phone#: _____

I have read, reviewed, and agreed to abide by the above information.

Signature of Parent/Guardian: _____

Date: _____

Medical/Health Form

Allergies with their reactions: _____

Medical Problems/conditions: _____

Medications: _____

Frequency: _____ Dosage: _____

All medications should be given to the camp nurse upon arrival.

Special Conditions:(sleepwalking, fainting, bedwetting, etc.) _____

Behavioral, Emotional, Health Problems including infectious diseases:

Restriction of Activities: Yes/No If yes, please explain: _____

Immunization Records:

Dates: Type of Immunization:

Date of last Tetanus Shot: _____

Emergency Contact other than Parent/Guardian: (ph.# & Add.)

Name of persons to whom camper can be released other than parent/
Guardian: _____

I certify that this information is COMPLETE and correct to the best of my
knowledge.

Signature of

Parent/Guardian/ Authorized Person: _____

Address: _____

Phone#: _____ Date: _____