

TALLAPOOSA BAPTIST CAMP REGISTRATION FORM

REGISTRATION

Name of Camper(s) 1. _____ 2. _____
3. _____ 4. _____

Address _____ City _____ State _____ Zip _____

Church Affiliation _____ City _____

Parent/Guardian _____

Phone _____ Alternate Phone _____

Parent's E-mail _____

If not available, in case of emergency notify:

Name _____ Phone # _____ Relationship _____

INSURANCE INFORMATION

Carrier/Plan Name _____

Name of Insured _____ Group/ID # _____

PICK-UP INSTRUCTIONS FOR CAMPERS

The following people have my permission to pick-up my son(s)/daughter:(s)

The following person or persons may NOT pick-up my son(s)/daughter(s)

***Please check your son(s)/daughter(s) for lice before bringing them to camp. If lice (in any stage) are detected, the camper(s) will NOT be allowed to attend camp.**

TBA SUMMER CAMP GUIDELINES

Signatures below imply that these guidelines have been reviewed and accepted by both the parent and child or youth participating in TBA CAMP. Failure to comply with any of these guidelines will result in disciplinary action by the TBA CAMP staff and/or removal from TBA CAMP at parents' expense.

1. I understand that the purpose of attending TBA SUMMER CAMP is for spiritual growth and enrichment. My conduct and behavior will reflect that purpose.
2. I will participate in all of the scheduled activities of the camp.
3. I will not use or possess any tobacco products, drugs, alcoholic beverages or any type of weapon at camp.
4. I will stay out of the cabin and rooms that are designated for members of the opposite sex and will not seek to be alone with a person of the opposite sex.
5. I will assume financial responsibility for any and all damage that I create to property and facilities belonging to the Camp Alamisco, Tallapoosa Baptist Association, and/or sponsoring parties.

I HAVE READ & DISCUSSED THE CAMPGUIDELINES WITH MY SON(S) / DAUGHTER(S)

Signature of Parent/Guardian

General Medical Release & Indemnification of Claims Consent:

The health history as listed on page three is correct and complete to the best of my knowledge. I give permission for participation in all camp activities except as noted. I understand that in the event my child/children requires medical treatment while at camp, reasonable efforts will be made to contact me and the alternate contact person listed. In the event of an emergency that cannot be handled by the camp nurse, I understand that my child/children will be transported to the nearest hospital by private vehicle or by ambulance. I give permission to the facility to order x-rays, routine tests or treatment; also to release any records necessary for insurance purposes and to provide or arrange the necessary related transportation for my child/children. I hereby release the Tallapoosa Baptist Association, Camp Alamisco and all persons associated with the camp from any liability associated with any accident, injury, or disease (including COVID) of the person who is the subject of this form.

Signature of Parent/Guardian

Date

Media Consent: I understand that media will be used to capture comments, interviews, pictures & video of TBA Summer Camp. By signing below, I give my consent for taking photographs, recordings, statements, and/or video of me &/or my child/children. I hereby grant TBA the right to edit, use, & reuse these materials for its purposes in print, on the internet, & all other forms of media and assign any and all rights in such materials.

Signature of Parent/Guardian

Date

(Fill out separate page for each camper in the family)

CAMPER'S NAME _____ **Gender** ___ **Age** ___ **DOB** _____ **Grade Completed** _____

CIRCLE T-SHIRT SIZE: YOUTH: S(8-10) M(10-12) L(14-16) ADULT: S M L XL 2X 3X

List any known drug, food or other allergies/reactions _____

List any medical history we should be aware of (such as seizures, asthma, diabetes, etc) _____

List any activity restrictions _____

List medications the camper regularly takes that you are NOT sending to camp _____

Please list all medications the camper will bring to camp. Use additional page if needed to answer any of these questions.

Name of Medication	Dose	How often?	Name of Medication	Dose	How often?

PARENT AUTHORIZATION

I authorize the registered nurse (RN) or licensed practical nurse (LPN) the task of assisting my child in taking the above medication. I understand that all medications will be administered according to the directions on the medication label. If there has been a change, I must provide written documentation by the prescribing physician. I also authorize the nurse to talk with the prescriber or pharmacist should a question come up about the medication.

ALL medication must be registered with the nurse. It must be in the original, unopened, sealed container and be properly labeled with the camper's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

Signature of Parent /Guardian *Date* *Phone #* *Alternate Phone #*

SELF-ADMINISTRATION AUTHORIZATION

I authorize and recommend self-medication by my child for the rescue inhaler or Epi pen. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the nurse, the agents of the camp, and the Tallapoosa Baptist Association against any claims that may arise relating to my child's self-administration of the rescue inhaler or Epi pen.

Signature of Parent/Guardian

OVER THE COUNTER MEDICATION AUTHORIZATION

The following medications are available to be given to campers if needed. If you do NOT wish your child to be given any of these medications, please draw a line through it and initial above.

Tylenol Ibuprofen Benadryl Maalox Chloroseptic lozenges
 Bacatracin ointment Cortaid lotion/cream Caladryl/Calamine lotion/cream

I have read through the above medications and marked through and initialed any that I do not wish my child to take.

Signature of Parent/Guardian

NOTE: If a camper has a fever of over 100.6, symptoms of illness or if diabetic a blood sugar level over 200 the parents/guardian will be called to come and take the camper home.