

**Central Hills Baptist Retreat**  
6377 Attala Road 4227, West, MS 39192-7754  
**CAMPER'S REGISTRATION FORM**

**Kids Camp**

**Camp Dates: 2016**

June 20-22 \_\_\_\_\_

June 23-25 \_\_\_\_\_

June 27-29 \_\_\_\_\_

Please check your first choice for camp.

**Information  
and  
Health Form**

Camper's full name \_\_\_\_\_ Goes by: ( \_\_\_\_\_ ) M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (while at camp): \_\_\_\_\_ Grade Completed \_\_\_\_\_

Name of Preferred Bunk Mate: \_\_\_\_\_

T-shirts: Adult sizes: Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ Youth Sizes: Youth Small \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large: \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Father's work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Is camper a: Christian? \_\_\_\_\_ Church Member? \_\_\_\_\_

Name of Camper's church \_\_\_\_\_ Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day phone \_\_\_\_\_ Night phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Please note health problems. If the camper has had these, please specify date of occurrence.

Allergies or other health concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have an allergic reaction to penicillin? \_\_\_\_\_ To bee stings, bites, etc? \_\_\_\_\_

List all medications the camper is bringing to camp:

Medication \_\_\_\_\_ What Medication is for \_\_\_\_\_ Instructions for taking \_\_\_\_\_

\_\_\_\_\_

**FOR PARENTS** whose young people will be coming to MBCB sponsored event this summer, the form below is to be filled out & turned in to the person responsible in case of an accident or illness when you are not on hand to give parental consent for medical treatment.

**CONSENT FOR MEDICAL TREATMENT OF MINOR**

I, THE UNDERSIGNED Parent or Guardian of \_\_\_\_\_, a minor, do hereby authorize \_\_\_\_\_, sponsor or group leader, to act as my agent to consent to such diagnostic procedures and hospital care, including x-ray, medical, anesthesia, or surgery, as deemed necessary to secure and maintain the health and well-being of the above named minor, so long as said treatment is deemed advisable by and is rendered under the supervision of a physician or surgeon properly qualified and licensed under the laws of the State of Mississippi.

I do \_\_\_\_\_; do not \_\_\_\_\_ carry personal medical insurance coverage on the above named minor.

INSURANCE COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street or PO Box) (City, State, Zip)

This authorization shall remain in effect until \_\_\_\_\_, 20\_\_\_\_\_.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

WITNESS \_\_\_\_\_ RELATIONSHIP TO MINOR \_\_\_\_\_

Please list any limitations or exceptions: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**Parent's Authorization**

The medical history section is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities at Central Hills Baptist Retreat, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Permission Release**

Photography is a useful tool for promotion. Photos are often taken of Central Hills Baptist Retreat facility and people involved in its programs. Some may be used as slides to promote the ministry in various churches or associational meetings. Some scenes would be used for print promotion in *The Baptist Record* and in registration forms and posters.

Yes \_\_\_\_\_ you may photograph my child. No \_\_\_\_\_ you may not photograph my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY AUTHORIZATION**