BCBA REGISTRATION FOR CAMP: \_

### (Name of Camp attending)

DATES OF CAMP:----

Do not leave anything blank! If your answer is "none," type/write in *" NIA."* This fonn must be completed for everyone.

Camper Information

Name: Gender: Age. \_

Birth Date / /

Grade Completed:

Home # (\_)

- Mob ile #{ ) - \_

Address: City: State: Zip: \_

Name of Church/Group/Organization camper will be with:. \_ Camper's Sponsor/Councilor Name (a person with the camper): Cell phone number of Camper's Sponsor/Councilor:{ ) - \_

Emergency Contact: Relationship to Camper: \_

Primary Telephone# { ) - Work# (\_) - Mobile# { ) - \_

Physical Limitations (Asthma, Diabetes, Allergies, etc) and/or special instructions (Allergic to certain medications, food allergies, rare blood type, wear contacts, etc.) \_

Insurance Co. (Attach copy of card) Group!Policy # Ins. Co. Phone (\_) \_ Physician's Name Phone (\_) \_

City St Zip \_

**Attach copy of immunization records Texas State Youth Camp Laws now require these records be**

### attached for campers 18 years of age and younger.

List all medications the camper is currently taking. For each medication, indicate whether or not it will be brought to camp.

If you need more room, please attach additional pages.

Parent/Guardian Information

Name of Parent or Guardian Relation to Camper \_

Primary Telephone# { ) - Work# (\_) Mobile# { ) - \_ E-Mail Address

Name of Parent or Guardian Relation to Camper \_ Primary Telephone# { ) - Work# (\_) Mob ile # { ) • \_ E-Mail Address \_

## PARENT/LEGAL GUARDIAN or ADULT SPONSOR SIGNATURE:

X----------------------

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# MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS

I, \_,parent and/or legal guardian of \_,minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child, the aforementioned minor, my express permission to attend Big Country Baptist Assembly (hereafter referred to as BCBA) between the dates listed above. I further expressly grant my permission for my child, the aforementioned minor, to participate in all activities of said

camp with the following listed exceptions: \_

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to BCBA, its representatives, my dependent child's Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon my said minor dependent which may, in their sole discretion, be considered necessary.

Furthermore, I do release, acquit, discharge, and covenant to hold hannless the BCBA, it's representatives, or my dependent child's Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my dependent minor's stay at BCBA. I also understand and agree that the local Shackelford County Court would be the point of venue should a legal dispute arise as a result ofmy child's stay at BCBA during the above dates.

I consent and give pennission to the BCBA staff to inspect the bunkhouses for the safety and protection of all BCBA campers present. I give my full consent and permission to BCBA staff to use my child's photo for BCBA promotional purposes. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending BCBA.

I have read the BCBA Policies and Procedures and explained them to my minor child. We both understand that my child will be dismissed from camp and sent home without refund and at my expense if he/she does not adhere to these policies. Besides the sponsor listed above, I hereby authorize the following person(s) to pick up my child from the BCBA grounds:

Name: Name: Name: \_

## PARENT/LEGAL GUARDIAN or ADULT SPONSOR SIGNATURE:

X----------------------

### BCBA, P. 0. Box 248, Lueders, Texas 79533 mailing address BCBA, 201 FM 142, Lueders, TX 79533 physical address

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**SPONSOR** VERIFICATION

**SPONSOR** NAME (please print): \_

I, the undersigned, have completed a State of Texas Approved Child Protection Training Course and have correctly answered at least 80% of the questions on the final exam. Furthermore, while I am on the BCBA property, I will be able to present the proper documentation proving that I have satisfactorily completed this course upon request. By my signature, I affirm that all information on this form is true and accurate. A photocopy or facsimile of this consent shall be as effective as the original.

**SPONSOR SIGNATURE:**-----------------

I, the undersigned, have performed a **Criminal Background Check and Child Abuse Registry Check** on the above BCBA Sponsor Applicant and have found no felony or **sexual** offense convictions listed. I understand that these Background Checks do not need to be turned in to the BCBA Camp Office. However, these Background Checks will be brought to the campgrounds and will be readily available upon request. A photocopy or facsimile of this consent shall be as effective as the original.

# CHURCH LEADERSHIP SIGNATURE: \_

**NAME OF CHURCH:**------------------

**DATE:**-----------------------

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**Medicine Dispensing Form**

#### TDH Laws require that, all medication, prescription or non-prescription drugs will be held at the camp first aid station and administered by camp approved, medical personnel, who are on duty 24 hours a day. If you need to send medication to camp, please put it along with this completed form in a zip-lock bag.

**ALL MEDICATIONS MUST BE** IN **ITS ORIGINAL CONTAINERS FROM THE**

**PHARMACY. NO BLANK PILL BOTTLES OR DAILY MEDICATION BOXES.**

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

# PUT THIS FORM IN THE ZIP LOCK BAG ALONG WITH THE MEDICINE

#### This medication belongs to: \_

Camper's Church: \_ Councilor/Sponsor Name:

Parent Name:------------------------

#### Day Phone: Night Phone: \_

Parent (please circle) will / will not allow over the counter medicines to be dispensed to their camper exceptions are: \_

(Example: cough drop, antacid, band aid, acetaminophen, ibuprofen, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Medication Name | Dosage | Dosage Time AM/Noon/PM/Bedtime | Special Instructions |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If medication is only ..as needed" tell us the circumstances in which to administer the medication:-----------------------------

Signature:---------------------------

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