

# Clear Creek Baptist Association Main Camp Registration Form

Today's Date \_\_\_\_\_

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade entering \_\_\_\_\_ t-shirt size \_\_\_\_\_

Christian? \_\_\_\_\_ Church Member? \_\_\_\_\_ Name of Church \_\_\_\_\_

Parent(s)'s or Guardian(s)'s Name \_\_\_\_\_

Parent's Phone \_\_\_\_\_

## Attention Campers and Parents/Guardians:

Camp Staff or church counselors will not force campers to comply with Camp Rules and Policies. If a camper has to be asked 3 times by a counselor or staff member to obey a rule, a parent/guardian will be contacted to come and take the camper home, regardless of the time of day or night. (There will be no refund of camp fees.)

I understand above statement and agree to abide by the camp rules.

\_\_\_\_\_  
Camper signature

I understand the above statement and support the camp staff and church counselors.

\_\_\_\_\_  
Parent/Guardian signature

Camper's Name \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION

In case of illness or accident, I hereby grant permission to a physician or emergency care service selected by the Camp Director or Nurse to render needed medical treatment to the camper named on front.

Parent/Guardian Name (please print) \_\_\_\_\_

Signed (Parent or Guardian) \_\_\_\_\_

Allergy information: Please list any serious allergies the camper has: \_\_\_\_\_

Epi-pen: Yes \_\_\_\_\_ No \_\_\_\_\_

Location of medicine (with nurse, child, counselor, etc.): \_\_\_\_\_

Has this camper had a tetanus shot in the last 3 years? \_\_\_\_\_

Medical history (include any special instructions or information needed): \_\_\_\_\_

---

---

---

Please list all medications (including implanted pumps) the camper is taking:

Medication	Dosage	When Camper Takes

### Note to Parent/Guardian:

Please send all medications in labeled containers with dosage of medicine and frequency of dosage clearly marked on the container. Place all medications in a Ziploc bag with the camper's name on it.

If your child takes insulin, please send all necessary supplies. We have a licensed nurse on duty who can help with administration. Please list your child's insulin treatment regimen here.

---

---