



CAMPER REGISTRATION FORM

Camper: (Please Print)

Full Name: _____

Current Age: _____

Address: _____

Dry-Fit T-Shirt Size: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email Address: _____

Pastor's Name: _____

Home Church: _____

Church City: _____ Church State: _____

Church Phone: _____



CAMP NEW BEGINNINGS CONSENT FORM

Name of youth _____ Birth date _____

Name of parent(s) or guardian(s) _____ Contact phone _____

Address _____ City _____ ST _____ Zip _____

Alternate contact person to call in case of emergency: _____ Phone _____

Medical Information: Is your youth presently being treated for an injury or sickness or taking any medication? ___ Yes ___ No If yes, please explain: _____

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? ___ Yes ___ No If yes, please explain: _____

Consent and Certification: I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities and/or sporting events of Camp New Beginnings, a ministry of Immanuel Baptist Church. I also understand that the organizers, leaders, staff, or churches will not be held liable for any injuries incurred or loss of property as a result of my child's attendance and participation in this camp. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events.

Medical Treatment Authorization: I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize the director or camp nurse to make emergency medical care decisions on behalf of my youth and will be responsible for the financial liability of said care, if required by law or a health care provider. Furthermore, I will not hold Camp New Beginnings, its parent organization, or designated staff liable in case of injury or death associated with their activities.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

Emergency Contact: (Please Print)

Full Name: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____