



STUDENT/SPONSOR REGISTRATION/MEDICAL FORM

Ph: (940) 855-4182
Fax: (940)851-0602

Please print neatly the following information:

Registration Information

Date of Camp _____

Male: ___ Female: ___ Date of Birth: ___/___/___ T-shirt size _____ (please specify child or adult size)

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian(for sponsors:contact for emergency) _____ Relation to you _____

Home Phone () _____ Cell Phone () _____

Work Phone () _____ E-mail _____

Church or Group you came with (Include City) _____

Medical Information

Are you at present time taking any medications? Yes ___ No ___

Please list all medications, dosages and times for each dose:

Medication	Dosage	Time(s)

Medication	Dosage	Time(s)

Use additional sheet to list further information if needed

State Law requires all medications be placed in the First Aid Station. Please place medications in a zip lock bag while still in the original bottle, labeled with the camper's name, medicine, and church.

Do you have any allergies (including medications)? If yes, please explain: _____

_____ Date of last tetanus shot _____

Recent serious injuries? y__ n__ Recent surgery? y__ n__ Chronic medical conditions? y__ n__

If YES to any above, please describe: _____

Family Physician _____ Phone _____

Insurance Provider _____

Address _____ Policy # _____

It is recommended that you attach a photocopy of your medical insurance card.

Authorization

I being the legal parent/guardian (or self) give my permission to Camp Chaparral Baptist Assembly's management, medical staff and/or group activity director to provide and authorize medical treatment that may be deemed necessary to insure the well-being of the named student/sponsor. I understand that every effort will be made to provide the safest environment possible at camp, but accidents can and do occur. I agree not to hold liable the sponsoring church, the camp staff, or Camp Chaparral in the case of an unforeseen event during any of but not limited to any of the following activities; Paintball, Ropes Course, Inflatables, Swimming, Canoeing or any sports event. These terms shall serve as a RELEASE AND ASSUMPTION OF RISK for all heirs, executors, administrators and family members. I also give permission to Camp Chaparral Baptist Assembly to use any photos/video of my child/myself taken while participating in camp activities for promotional materials and Chaparral website.

***** I also agree to check for head lice within 24 hours of attending camp.**

Parent/Guardian/Sponsor Signature	Date	Print Name

We (both camper and parent/guardian)/I have read and do understand the camp rules (over) and agree to abide by them while at Camp Chaparral. We understand that refusal to do so could result in being sent home at our expense at the discretion of the camp director and/or camp administration.

Parent/Guardian Signature _____ Date _____

Camper/Sponsor Signature _____ Date _____