

Youth Registration for campers 17 and younger

Texoma Baptist Youth Camp

Name: _____ Male Female Adult Sponsor

Age: ____ DOB: __/__/____ Grade this fall: ____ Parent/Guardian Name: _____

Address: _____ City _____ State ____ Zip _____

Home Phone: _____ Emergency Phone: _____ Email address: _____

Church Name: _____ Address _____ City _____ State ____ Zip _____

Pastor's Name: _____ Church phone: _____ Church email address: _____

Youth Pastor's Name _____ Youth Pastor's cell phone: _____

Physician's name: _____ Physician's Phone: _____

Physician's address: _____ City _____ State ____ Zip _____

Please list and explain any medical conditions and/or allergies: _____

Current Daily Medications: _____

Please complete the following insurance coverage information or attach a photocopy of the card's front and back:

Name of insurance company: _____ Camper's Social Security Number: _____

Employee name: _____ Employee Social Security Number: _____

Employee Company name and address: _____

Group Policy Number: _____ Policy Number: _____

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Texoma Baptist Youth Camp

I give my consent for the above named camper to attend Lake Texoma Baptist Youth Camp and Conference Center. My child may participate in all camp activities. Photograph images and videos of participants in camp activities may be used in official Lake Texoma Baptist Youth Camp or Trinity Baptist Church promotional literature. I/We will not hold the organization or its sponsors liable in case of sickness, injury, or loss of property. I/We give consent for our child to receive emergency medical treatment if necessary. We also agree to abide by all camp rules and regulations.

The above named caregiver shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic test, et.), for the above named child, which may be required during above named child's stay at camp. This consent serves as permission for treatment by any medical facility that Lake Texoma Baptist Youth Camp and its counselors deem proper and necessary. Note: Consents are not required in emergency situations; I agree to pay for all services provided to my child while they are at camp.

Authorization to Dispense Prescription Medicine (all medications must be in original prescription bottles and dispensed by Camp Medical Staff)

I authorize the medical staff of Lake Texoma Baptist Youth Camp to dispense the following prescription medicines:

Prescription name: _____ Dosage: _____ Times: _____

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Authorization for Emergency Care

I hereby authorize any physician licensed to practice in the State of Texas, and medical staff at Lake Texoma Baptist Youth Camp to provide emergency medical care and give medication to the above named camper. Any Medical expense incurred will be the responsibility of the Parent or Guardian. The camp does not provide insurance.

Camper Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name and Relationship to Camper: _____