

2019 Kids Connect Camp

Camp Dates: 2019

June 17-19 x

June 20-22 '

June 24-26

Camper's full name _____ Goes by: (_____) M _____ F _____

Date of Birth _____ Age (while at camp): _____ Grade Completed _____

Name of Preferred Bunk Mate: _____

T-shirts: Adult sizes: Sm _____ Med _____ Lg Youth Sizes: Youth Small _____ Youth Medium _____ Youth Large: _____

Name of Parents/Guardians _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

E-mail address _____

Father's work phone _____ Cell phone _____

Mother's work phone _____ Cell phone _____

Is camper a: Christian? _____ Church Member? _____

Name of Camper's church _____ Pastor _____

Church Address _____ City _____ State _____ Zip _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____

Day phone _____ Night phone _____

Doctor's Name _____ Phone No. _____

Please note health problems. If the camper has had these, please specify date of occurrence.

Allergies or other health concerns _____

Does your child have an allergic reaction to penicillin? _____ To bee stings, bites, etc? _____

List all medications the camper is bringing to camp:

Medication _____ What Medication is for _____ Instructions for taking _____

FOR PARENTS whose young people will be coming to MBCB sponsored event this summer, the form below is to be filled out & turned in to the person responsible in case of an accident or illness when you are not on hand to give parental consent for medical treatment.

CONSENT FOR MEDICAL TREATMENT OF MINOR

I, THE UNDERSIGNED Parent or Guardian of _____, a minor, do hereby authorize _____, sponsor or group leader, to act as my agent to consent to such diagnostic procedures and hospital care, including x-ray, medical, anesthesia, or surgery, as deemed necessary to secure and maintain the health and well-being of the above named minor, so long as said treatment is deemed advisable by and is rendered under the supervision of a physician or surgeon properly qualified and licensed under the laws of the State of Mississippi.

I do _____; do not _____ carry personal medical insurance coverage on the above named minor.

INSURANCE COMPANY _____ POLICY NO. _____

ADDRESS _____

Please list any limitations or exceptions: _____

Signature _____ Date _____
(Parent or Guardian)

Parent's Authorization

The medical history section is correct, as far as I know, and the person herein described has permission to engage in all prescribed camp activities at Central Hills Baptist Retreat, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named above.

Signature _____ Date _____

Photo Permission Release

Photography is a useful tool for promotion. Photos are often taken of Central Hills Baptist Retreat facility and people involved in its programs. Some may be used as slides to promote the ministry in various churches or associational meetings. Some scenes would be used for print promotion in *The Baptist Record* and in registration forms and posters.

Yes _____ you may photograph my child. No _____ you may not photograph my child.

Signature _____ Date _____

NOTARY AUTHORIZATION