



FCBC Youth Camps Registration Form

- Junior (3rd to 6th grade)
- Junior High (7th to 9th grade)
- High School (10th to 12th grade)

CAMPER INFORMATION				M	F
First Name: _____		Last Name: _____		Gender: _____	
Address: _____					
City: _____		State: _____		Zip Code: _____	
Phone: _____		E-mail: _____		Adult T-shirt size: _____	
Birth date: _____		Grade as of June 1 st , 2010: _____		Y	N
What church do you attend? _____				Are you a Christian? _____	
Name(s) and grade(s) of other family members attending youth camp: _____					

EMERGENCY INFORMATION			
Emergency Contact Name: _____		Relationship to Camper: _____	
Address: _____		City: _____	
		Zip Code: _____	
Home Phone: _____		Work Phone: _____	
		Other Phone: _____	

MEDICAL INFORMATION			
Date of last MMR Booster	Month _____	Year _____	
Date of Hepatitis B Vaccination	Month _____	Year _____	
Date of last tetanus toxoid immunization	Month _____	Year _____	
Are all other vaccinations up-to-date (Please check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any medical conditions the minor is currently being treated for: _____			
List all current medications: _____			
List any restrictions on activities: _____			
List any allergies: _____			
Do you have (please check all that apply):			
<input type="checkbox"/> Asthma? <input type="checkbox"/> Diabetes? <input type="checkbox"/> Epilepsy?			
<input type="checkbox"/> Heart Trouble? <input type="checkbox"/> Sinus Trouble/Hay Fever?			
Explain other medical needs: _____			
Health Insurance Company: _____		Member/Policy #: _____	
Insured's Name: _____			
Physician's Name: _____		Physician's Phone #: _____	

FOR CHURCH USE ONLY:				<input type="checkbox"/> Photocopy of insurance card
Date	Paid	Balance	Notes	

MEDICAL RELEASE:

I hereby release and waive any liability against First Chinese Baptist Church, Pine Summit and its officers, employees and volunteers for any injury that my child may incur as a result of his/her participation in this camp. Should it be necessary for my child to have medical treatment, which includes, for example, the administering of anti-motion sickness medication for traveling purposes, while participating in this camp, I hereby give First Chinese Baptist Church and Pine Summit and/or its agents permission to act on my behalf to secure any hospitalization or medical services deemed necessary and appropriate by the physician and absolve First Chinese Baptist Church and Pine Summit from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. First Chinese Baptist Church and Pine Summit have my permission to obtain emergency medical treatment for my child at the expense of myself and/or my insurance company.

To my knowledge, my child (please check one) has/ has not been exposed to an infectious disease within the past 3 weeks. I give the health care providers at First Chinese Baptist Church and Pine Summit permission to give over-the-counter medication and administer other treatment, as they deem necessary.

I give permission to First Chinese Baptist Church and Pine Summit and/or its agents to select transportation, a medical provider who may provide proper treatment for hospitalization, order injections, anesthesia or surgery for my child.

Signature (Parent/Guardian) _____ Date: _____

ACTIVITY RELEASE:

There are many inherent risks in a mountain camp experience. Camp activities include but are not limited to: Alpine Slide & Canoeing, hiking, swimming, mountain biking, low and high adventure ropes courses and paintball games. There is a possibility of risk of physical injury or harm from participating in these activities (i.e. paintballs can bruise the body and cause pain). I voluntarily elect my child to participate in the activities and assume the risk of injury or harm that could result from participation. On my own behalf and that of my personal representative and heirs, I hereby release First Chinese Baptist Church and Pine Summit, its officers, employees and agents from all liability from any injury or harm to my child from participating in any activity at Pine Summit Camp.

Signature (Parent/Guardian) _____ Date: _____

PHOTO RELEASE (FCBC & PINE SUMMIT):

I hereby agree that First Chinese Baptist Church and Pine Summit may use any type of audio and/or visual records of this program for its promotional and/or commercial purposes without compensation to me.

Signature (Parent/Guardian) _____ Date: _____

DISCIPLINE RELEASE (FCBC):

I have been informed of and understand the rules pertaining to the camp in which my child is participating. I understand that if at any time my child refuses to abide by or continually disregards the rules as set forth, or if my child becomes destructive, he/she will be sent home at my expense on the safest and quickest transportation available. (Please review attached sheet of camp rules and keep for your records.)

Signature (Parent/Guardian) _____ Date: _____

Signature (Camper) _____ Date: _____