Registration Form

Please use black or blue ink only

Church Information:

Church Name:_____

Group Leader's Name_____

Mobile Number:_____

E-mail_____

Participant Information:

Participant Name_____Gender_____

Date of Birth_____Last Grade Completed_____

Tee Shirt Size:

___YM ___YL ___YXL ___AS ___AM ___AL ___AXL ___AXXL ___AXXXL

If you would like to order an optional sweatshirt, enclose an extra $30 and select a size below:

___YM ___YL ___AS (YXL) ___AM ___AL ___AXL ___AXXL ___AXXXL

Address_____City_____State_____Zip_____

Parent or Guardian Name(s)_____Phone_____

E-Mail_____

Medical Information:

Generally, the participant's health is (circle one): Excellent Good Fair Poor

If fair or poor, please explain_____

For each of the following, please write 'none' if not applicable:

Current medical conditions_____

Explain how they are being treated_____

Medications you are currently taking_____

Previous operations or serious illnesses_____

Allergies_____

Dietary or other special needs_____

Date of last Tetanus immunization_____Ever had any problem with Novocaine/ Lidocaine? _____

Physician_____ Phone_____

Insurance Company_____ Policy #_____

Subscriber Name_____ Subscriber #_____

Emergency Contact Information:

Name_____Relationship to Participant_____

Work Phone_____Mobile Phone_____

Home Phone_____Other_____

Parent/Guardian Signature_____**Date**_____

Medical Release:

I give permission for emergency medical treatment to myself or my child _____by a hospital and doctor or other qualified medical personnel selected by the official representatives of the camp, and hereby agree to release and hold harmless the Interstate Baptist Association and its staff/employees from all liability and expense whatsoever for any injury resulting from any cause.

Parent or Guardian Name:_____ Date_____

Signature_____ Date_____

Photo/Video Release (optional)

I hereby give permission for images of my child, captured during Pre-Teens in Action Camp through video, photo and digital camera, to be used for the purposes of Interstate Baptist Association's promotional material and publications, and waive any rights of compensation or ownership there to. I also give my permission for my child to be photographed in group photos that will be distributed to other participants.

Parent or Guardian Name:_____ Date_____

Signature_____ Date_____

Statement of Beliefs:

PAC teachings and practices are guided by IBA beliefs and values expressed in the Baptist Faith and Message. For a copy of our beliefs visit: http://www.sbc.net/bfm2000/bfm2000.asp

Camp leaders reserve the right to discuss matters of belief and behavior with any participants.

Please return this form to your church leader unless otherwise directed.

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