

CAMPER REGISTRATION

Teen Camper: ____ Junior Camper: ____
Male: ____ Female: ____

Camper's name: _____

Age: _____ Date of birth: ____/____/____ Grade next year: _____

Parent/Legal Guardian name: _____

Mailing address: _____

City: _____ State: ____ Zip: _____ Email: _____

Home phone: () _____ Emergency number: () _____

Church name: _____

Church address: _____

City: _____ State: ____ Zip: _____ Email: _____

Church phone: () _____ Pastor's name: _____

Youth director's name: _____

Family physician name: _____

Physician's phone: _____

Physician's address: _____

Please list and explain any medical conditions, medications, or allergies:

Current daily medications:

A ministry of Capitol Baptist Church – T.H. Moore, Pastor

302.734.2410 – 401 Kesselring Ave. – Dover, DE 19904

www.cbcofdover.com

Please complete the following insurance coverage information:

Name of insurance company: _____

Employee name: _____

Employee company name and address: _____

Group policy number: _____ Policy number: _____

Or attach a photocopy of the card's front and back to this form.

I give my consent for the above named camper to attend Capitol Baptist Youth Camp at New Life Island. My child may participate in all camp activities. 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 transfusion, diagnostic test, etc.), for the above named child, which may be required during above named facility that Capitol 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.

I have read the general information and code of conduct and agree to all the conditions set forth.

Parent/Guardian signature: _____

Camper signature: _____

Please send all forms and a \$50 non-refundable deposit to:

Capitol Baptist Church

401 Kesselring Ave.

Dover, DE 19904

Balance is due upon arrival for all campers.

(The \$50 non-refundable deposit is deducted from each campers balance)