

# 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](http://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

***Deposit is due by June 7th, 2015***

***Balance is due upon arrival for all campers***

*(The \$50 non-refundable deposit is deducted from each camper's balance)*