

Lad and Lassie Camp July 14-15, 2017



Big Country Baptist Assembly



Camper Fee \$68.00
(\$62.00 if deposit is received by May 20th and campers are preregistered)

Camp Director: Les Mims Avoca Baptist Church

Students: Completed 1st-3rd grades

BCBA REGISTRATION FOR CAMP: _____

(Name of Camp attending)

DATES OF CAMP: _____

Do not leave anything blank! If your answer is "none," type/write in "N/A." This form must be completed for everyone.

Camper Information

Name: _____ Gender: _____ Age _____

Birth Date ___/___/___ Grade Completed: ___ Home # (____) ___-___ Mobile # (____) ___-___

Address: _____ City: _____ State: ___ Zip: _____

T-shirt size _____ (please indicate if youth or adult size)

Name of Church/Group/Organization camper will be with: _____

Camper's Sponsor/Councilor Name (a person with the camper): _____

Cell phone number of Camper's Sponsor/Councilor: (____) ___-___

Emergency Contact: _____ Relationship to Camper: _____

Primary Telephone # (____) ___-___ Work # (____) ___-___ Mobile # (____) ___-___

Physical Limitations (Asthma, Diabetes, Allergies, etc) and/or special instructions (Allergic to certain medications, food allergies, rare blood type, wear contacts, etc.) _____

Insurance Co. _____ (Please complete or Attach copy of card)

Group/Policy # _____ Ins. Co. Phone (____) _____

Physician's Name _____ Phone (____) _____

City _____ St _____ Zip _____

Attach copy of immunization records Texas State Youth Camp Laws now require these records be attached for campers 18 years of age and younger.

Please complete and attach the **Medicine Dispensing Form**. If no medicine, prescribed or over the counter, are taken please indicate this on the form.

Parent/Guardian Information

Name of Parent or Guardian _____ Relation to Camper _____

Primary Telephone # (____) ___-___ Work # (____) ___-___ Mobile # (____) ___-___

E-Mail Address _____

Name of Parent or Guardian _____ Relation to Camper _____

Primary Telephone # (____) ___-___ Work # (____) ___-___ Mobile # (____) ___-___

E-Mail Address _____

PARENT/LEGAL GUARDIAN or ADULT SPONSOR SIGNATURE:

X _____

STUDENT FORM MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS

I, _____, parent and/or legal guardian of _____, minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child, the aforementioned minor, my express permission to attend Big Country Baptist Assembly (hereafter referred to as BCBA) between the dates listed above. I further expressly grant my permission for my child, the aforementioned minor, to participate in all activities of said camp with the following listed exceptions: _____

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to BCBA, its representatives, my dependent child's Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon my said minor dependent which may, in their sole discretion, be considered necessary.

Furthermore, I do release, acquit, discharge, and covenant to hold harmless the BCBA, it's representatives, or my dependent child's Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my dependent minor's stay at BCBA. I also understand and agree that the local Shackelford County Court would be the point of venue should a legal dispute arise as a result of my child's stay at BCBA during the above dates.

I consent and give permission to the BCBA staff to inspect the bunkhouses for the safety and protection of all BCBA campers present. I give my full consent and permission to BCBA staff to use my child's photo for BCBA promotional purposes. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending BCBA.

I have read the BCBA Policies and Procedures and explained them to my minor child. We both understand that my child will be dismissed from camp and sent home without refund and at my expense if he/she does not adhere to these policies. Besides the sponsor listed above, I hereby authorize the following person(s) to pick up my child from the BCBA grounds:

Name: _____ Name: _____ Name: _____

PARENT/LEGAL GUARDIAN or ADULT SPONSOR SIGNATURE:

X _____

BCBA, P. O. Box 248, Lueders, Texas 79533 mailing address

BCBA, 201 FM 142, Lueders, TX 79533 physical address

