



REGISTRATION/MEDICAL FORM

Crossroads Baptist Church

Last Name First Name Middle Initial

Address City State Zip Code

Gender: M F Birthday:_____ Grade Completed: 3rd 4th 5th 6th

Camper Jr. Counselor Adult Overnight Sponsor Adult Day Sponsor

Church Membership:_____ Room With?_____

T-SHIRT SIZE: Youth M (10-12) Youth L (14-16)
 Adult S Adult M Adult L Adult XL Adult 2X Adult 3X

Primary Emergency Contact Relationship

(____)_____ (____)_____ (____)_____
Cell Phone Home Phone Work Phone

Secondary Emergency Contact Relationship

(____)_____ (____)_____ (____)_____
Cell Phone Home Phone Work Phone

In case of an emergency, we are requesting the following information to aid in the treatment and care of the participant.

Participant's Social Security # Physician Phone #

Insurance Company Policy # Name Policy Held In

- - - CONTINUED ON BACK - - -

Health & Emergency Care Information

Check any conditions that may apply:

- | | |
|---|--|
| <input type="checkbox"/> ADD/ADHD_____ | <input type="checkbox"/> Hearing Problem_____ |
| <input type="checkbox"/> Allergy-Drug_____ | <input type="checkbox"/> High Blood Pressure_____ |
| <input type="checkbox"/> Allergy-Food_____ | <input type="checkbox"/> Kidney Disorder_____ |
| <input type="checkbox"/> Allergy-Other_____ | <input type="checkbox"/> Muscular Disorder_____ |
| <input type="checkbox"/> Asthma_____ | <input type="checkbox"/> Neurological Disorder_____ |
| <input type="checkbox"/> Blood Disorder_____ | <input type="checkbox"/> Social Disorder_____ |
| <input type="checkbox"/> Broken Bones_____ | <input type="checkbox"/> Urinary Problem_____ |
| <input type="checkbox"/> Cardiac Disease_____ | <input type="checkbox"/> Vision Problem_____ |
| <input type="checkbox"/> Diabetes_____ | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> Epilepsy_____ | <input type="checkbox"/> Camper's Weight: _____ |

Are all immunizations current? Y N Date of last Tetanus Shot:_____

My child can be given "as needed" medications by the Camp Nurse Y N
(i.e. cough meds, Tylenol, Pepto, etc.) Amount of Tylenol usually given:_____

List any medications currently being taken:_____

List any dietary/physical restrictions or additional comments:_____

Additional Comments? _____

I hereby give my consent for the above named camper to travel with the sponsoring group and to take part in any and all activities occurring within the camp. If in the event of an emergency, I cannot be reached, I hereby give my consent for church leadership to sign for emergency medical care should it be necessary. I understand that every effort will be made to provide the safest environment possible at camp, but that accidents can and do occur. I will not hold Immanuel Baptist Church, its sponsors, or Scottsville Camp liable, collectively or individually, in the event that an injury or illness should occur.

I give my consent for the use of photographs of myself and/or my child taken while at camp to be used for the promotion of Fish Camp. Y N

Parent/Guardian Signature

Date