

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 _____

Immunizations Please mark one:

- ☐ Records are current and stored at _____ location.
- ☐ My child is NOT immunized for conscientious or religious reasons.

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, its 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

Medicine Dispensing Form

TDH Laws require that, all medication, prescription or non-prescription drugs will be held at the camp first aid station and administered by camp approved, medical personnel, who are on duty 24 hours a day.

If you need to send medication to camp, please put the medications along with this completed form in a zip-lock bag.

- **ALL MEDICATIONS MUST BE IN ITS ORIGINAL CONTAINERS FROM THE PHARMACY. NO BLANK PILL BOTTLES OR DAILY MEDICATION BOXES.**

[illegible]

**PUT THIS FORM IN THE ZIP LOCK BAG
ALONG WITH THE MEDICINE**

This medication belongs to name: _____

Camper's Church: _____

Councilor/Sponsor Name: _____

Parent Name: _____

Day Phone: _____ Night Phone: _____

Parent (please circle)	will / will not
1. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	6. <input type="checkbox"/> Yes <input type="checkbox"/> No
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	8. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	10. <input type="checkbox"/> Yes <input type="checkbox"/> No
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	12. <input type="checkbox"/> Yes <input type="checkbox"/> No
13. <input type="checkbox"/> Yes <input type="checkbox"/> No	14. <input type="checkbox"/> Yes <input type="checkbox"/> No
15. <input type="checkbox"/> Yes <input type="checkbox"/> No	16. <input type="checkbox"/> Yes <input type="checkbox"/> No
17. <input type="checkbox"/> Yes <input type="checkbox"/> No	18. <input type="checkbox"/> Yes <input type="checkbox"/> No
19. <input type="checkbox"/> Yes <input type="checkbox"/> No	20. <input type="checkbox"/> Yes <input type="checkbox"/> No
21. <input type="checkbox"/> Yes <input type="checkbox"/> No	22. <input type="checkbox"/> Yes <input type="checkbox"/> No
23. <input type="checkbox"/> Yes <input type="checkbox"/> No	24. <input type="checkbox"/> Yes <input type="checkbox"/> No
25. <input type="checkbox"/> Yes <input type="checkbox"/> No	26. <input type="checkbox"/> Yes <input type="checkbox"/> No
27. <input type="checkbox"/> Yes <input type="checkbox"/> No	28. <input type="checkbox"/> Yes <input type="checkbox"/> No
29. <input type="checkbox"/> Yes <input type="checkbox"/> No	30. <input type="checkbox"/> Yes <input type="checkbox"/> No
31. <input type="checkbox"/> Yes <input type="checkbox"/> No	32. <input type="checkbox"/> Yes <input type="checkbox"/> No
33. <input type="checkbox"/> Yes <input type="checkbox"/> No	34. <input type="checkbox"/> Yes <input type="checkbox"/> No
35. <input type="checkbox"/> Yes <input type="checkbox"/> No	36. <input type="checkbox"/> Yes <input type="checkbox"/> No
37. <input type="checkbox"/> Yes <input type="checkbox"/> No	38. <input type="checkbox"/> Yes <input type="checkbox"/> No
39. <input type="checkbox"/> Yes <input type="checkbox"/> No	40. <input type="checkbox"/> Yes <input type="checkbox"/> No
41. <input type="checkbox"/> Yes <input type="checkbox"/> No	42. <input type="checkbox"/> Yes <input type="checkbox"/> No
43. <input type="checkbox"/> Yes <input type="checkbox"/> No	44. <input type="checkbox"/> Yes <input type="checkbox"/> No
45. <input type="checkbox"/> Yes <input type="checkbox"/> No	46. <input type="checkbox"/> Yes <input type="checkbox"/> No
47. <input type="checkbox"/> Yes <input type="checkbox"/> No	48. <input type="checkbox"/> Yes <input type="checkbox"/> No
49. <input type="checkbox"/> Yes <input type="checkbox"/> No	50. <input type="checkbox"/> Yes <input type="checkbox"/> No
51. <input type="checkbox"/> Yes <input type="checkbox"/> No	52. <input type="checkbox"/> Yes <input type="checkbox"/> No
53. <input type="checkbox"/> Yes <input type="checkbox"/> No	54. <input type="checkbox"/> Yes <input type="checkbox"/> No
55. <input type="checkbox"/> Yes <input type="checkbox"/> No	56. <input type="checkbox"/> Yes <input type="checkbox"/> No
57. <input type="checkbox"/> Yes <input type="checkbox"/> No	58. <input type="checkbox"/> Yes <input type="checkbox"/> No
59. <input type="checkbox"/> Yes <input type="checkbox"/> No	60. <input type="checkbox"/> Yes <input type="checkbox"/> No
61. <input type="checkbox"/> Yes <input type="checkbox"/> No	62. <input type="checkbox"/> Yes <input type="checkbox"/> No
63. <input type="checkbox"/> Yes <input type="checkbox"/> No	64. <input type="checkbox"/> Yes <input type="checkbox"/> No
65. <input type="checkbox"/> Yes <input type="checkbox"/> No	66. <input type="checkbox"/> Yes <input type="checkbox"/> No
67. <input type="checkbox"/> Yes <input type="checkbox"/> No	68. <input type="checkbox"/> Yes <input type="checkbox"/> No
69. <input type="checkbox"/> Yes <input type="checkbox"/> No	70. <input type="checkbox"/> Yes <input type="checkbox"/> No
71. <input type="checkbox"/> Yes <input type="checkbox"/> No	72. <input type="checkbox"/> Yes <input type="checkbox"/> No
73. <input type="checkbox"/> Yes <input type="checkbox"/> No	74. <input type="checkbox"/> Yes <input type="checkbox"/> No
75. <input type="checkbox"/> Yes <input type="checkbox"/> No	76. <input type="checkbox"/> Yes <input type="checkbox"/> No
77. <input type="checkbox"/> Yes <input type="checkbox"/> No	78. <input type="checkbox"/> Yes <input type="checkbox"/> No
79. <input type="checkbox"/> Yes <input type="checkbox"/> No	80. <input type="checkbox"/> Yes <input type="checkbox"/> No
81. <input type="checkbox"/> Yes <input type="checkbox"/> No	82. <input type="checkbox"/> Yes <input type="checkbox"/> No
83. <input type="checkbox"/> Yes <input type="checkbox"/> No	84. <input type="checkbox"/> Yes <input type="checkbox"/> No
85. <input type="checkbox"/> Yes <input type="checkbox"/> No	86. <input type="checkbox"/> Yes <input type="checkbox"/> No
87. <input type="checkbox"/> Yes <input type="checkbox"/> No	88. <input type="checkbox"/> Yes <input type="checkbox"/> No
89. <input type="checkbox"/> Yes <input type="checkbox"/> No	90. <input type="checkbox"/> Yes <input type="checkbox"/> No
91. <input type="checkbox"/> Yes <input type="checkbox"/> No	92. <input type="checkbox"/> Yes <input type="checkbox"/> No
93. <input type="checkbox"/> Yes <input type="checkbox"/> No	94. <input type="checkbox"/> Yes <input type="checkbox"/> No
95. <input type="checkbox"/> Yes <input type="checkbox"/> No	96. <input type="checkbox"/> Yes <input type="checkbox"/> No
97. <input type="checkbox"/> Yes <input type="checkbox"/> No	98. <input type="checkbox"/> Yes <input type="checkbox"/> No
99. <input type="checkbox"/> Yes <input type="checkbox"/> No	100. <input type="checkbox"/> Yes <input type="checkbox"/> No

allow over the counter medicines to be dispensed to their camper exceptions are:

(Example: cough drop, antacid, band aid, acetaminophen, ibuprofen, etc.)

Ck Mark	Medication Name	Dosage	Dosage Time AM/Noon/PM/Bedtime	Special Instructions

Please indicate with a check mark if meds are taken but NOT brought to camp. Thank you.

If medication is only “as needed” tell us the circumstances in which to administer the medication:

Signature: _____