



ADULT REGISTRATION

Name: _____ Male ☐ Female ☐ Adult Sponsor ☐

Age: _____ DOB: ____/____/____ Grade this fall: _____ Parent/Guardian Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Emergency Phone: _____ Email address: _____

Church Name: _____ Address: _____ City _____ State _____ Zip: _____

Pastor's Name: _____ Church phone: _____ Church email address: _____

Youth Pastor's Name: _____ Youth Pastor's Cell Phone: _____

Physician's Name: _____ Physician's Phone: _____

Physician's address: _____ City _____ State _____ Zip _____

Please list and explain any medical conditions and/or allergies: _____

Current Daily Medications: _____

Please complete the following insurance coverage information or attach a photocopy of the card's front and back:

Name of insurance company: _____ Camper's Social Security Number: _____

Employee Name: _____ Employee Social Security Number: _____

Employee Company Name and Address: _____

Group Policy Number: _____ Policy Number: _____

I give my consent for the above name camper to attend Lake Texoma Baptist Youth Camp and Conference Center. My child may participate in all camp activities. Photograph images and videos of participants in camp activities may be used in official Lake Texoma Baptist Youth Camp promotional literature. 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 transfusions, diagnostic test, etc.), for the above named child, which may be required during above named child's stay at camp. This consent serves as permission for treatment by any medical facility that Lake Texoma 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 camper while they are at camp.

Authorization to Dispense Prescription Medicine (all medications must be in original prescription bottles and dispensed by Camp Medical Staff)

I authorize the medical staff of Lake Texoma Baptist Youth Camp to dispense the following prescription medicines:

Prescription Name: _____ Dosage: _____ Times: _____

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Prescription Name: _____ Dosage: _____ Times: _____

Authorization for Emergency Care

I hereby authorize any physician licensed to practice in the State of Texas, and medical staff at Lake Texoma Baptist Youth Camp to provide emergency medical care and give medication to the above named camper. Any medical expense incurred will be the responsibility of the Parent or Guardian. The camp does not provide insurance.

Signature: _____

Date: _____

Adult Legal Consent

I, _____ (print full legal name) agree to submit to the following legal requirements for Lake Texoma Baptist Youth Camp sponsors, workers, and campers who are 18 years of age and older:

Please initial the boxes to indicate your consent: (Criminal background check and Child Protection Training are required every two years)

- ☐ Current Texas Criminal Background Check, including Sex Offender Registry
- ☐ Current successful completion of the 2006 Texas Camp managers Association Child Protection Training, Course Approval Number: YC06-001

I have read, understand and agree to the following Lake Texoma Baptist Youth Camp documents incorporated into this consent document by reference **please initial the boxes to indicate your consent:**

- ☐ Standards of Conduct
- ☐ Emergency Response Procedure
- ☐ Procedure for Response to Sexual Misconduct Allegations
- ☐ Workers Explanation of Prudent Conduct

Personal Background Information: (explain each yes answer)

1. Have you ever been convicted of a felony or a misdemeanor? _____
2. Do you presently use any kind of alcoholic beverages or illegal drugs? _____
3. Have you ever been, or are you currently being, investigated by a governmental agency for abuse? _____
4. Have you ever been accused or charged with child abuse of any kind? _____
5. Has your driver's license ever been suspended? _____
6. Are you a born again Christian? When were you saved? _____

Signature: _____ Date: _____

Background Check Information:

Full Legal Name: _____

Mobile Phone Number: _____ - _____ - _____ Date of Birth (mm/dd/yyyy): ____/____/____

Gender: _____ Race: _____

Country of Residence: _____ State: _____

Church: _____ Pastor: _____

Place of Residence over the last 5 years: (Beginning with your current address)

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Address: _____ City, State, Zip: _____

Is there anything that would keep you from being qualified to work with children under the age of 18? _____

(If yes, please explain): _____

Signature: _____ Date: _____