

Dates: _____ Church/Group Attending With: _____

General Information

Last Name: _____ First Name: _____ Age: _____ Date of Birth: ___/___/___

Address: _____ City _____ ST _____ Zip _____

Person to notify in the event of an emergency _____

Home Phone _____ Alternate Phone _____

Email _____

Medical History and Medical Release

1) Known Allergies (Drug/ Environmental/ Food) _____

2) Chronic Illnesses _____

3) Medications (presently being taken and dosage) _____

4) Dates for the required immunizations following: Current ___yes ___no Last Tetanus ___/___/___

5) Medical conditions and restrictions _____

6) Insurance Carrier _____ Phone _____

Policy Number _____ Address _____

7) Check all that apply: Heart Problems Epilepsy Diabetes High Blood Pressure Disabilities

Arthritis/Back Problems Operations/Serious Illness Allergies to Meds _____

9) Additional comments/ Restrictions _____

10) General Health Statement _____

Special diets due to medical reasons, please contact the camp office in 10 days in advance for alternate arrangements

I give permission for medical personnel to administer the following non-prescription, over the counter medications as

indicated by checking the boxes: Cough Medicine Antibacterial Ointment Antacid Antihistamine

Acetaminophen Ibuprofen Decongestant Antihistamine Cream

In the event of an emergency, I give Plains Baptist Assembly Staff or my church/group representative permission to seek medical aid for myself if I am unable to do so.

Plains Baptist Camp Rules

1) Vehicle usage.

- No riding in the backs of pickup trucks, on step boards, or side rails of any vehicle.
- NO 4-wheelers, ATV's, or riding on trailers.

2) Prohibited Items.

- Alcohol, drugs, or drug paraphernalia.
- No one under the age of 18 is be in possession of tobacco at any time. All facilities are non -smoking at all times.
- No pornography, sexually explicit pictures, or clothing advertising inappropriate items or content.
- Guns, knives, or weapons of any kind. This includes Air Soft and other projectile weapons.
- Fireworks, silly string, and other items that could potentially damage camp or personal property.

3) Campers and Sponsors must dress appropriately.

- All clothing should reflect modesty and discretion.
- Shorts, skirts, and dresses should be of a modest length.
- Cover-ups will be worn to and from the swimming pool/waterfront (t-shirts for boys).
- Modest two-piece swimsuits or two-piece with a dark shirt maybe worn at the pool and waterfront.

4) Refrain from Public Displays of Affection (PDA).

In all things try to attain the highest Christian standards of attitude towards personal appearance and stewardship of our camp grounds.

Plains Baptist Camp

Statement of Participation, Assumption of Risk, and Release from Liability

1. ACKNOWLEDGEMENT OF INHERENT RISKS

I have read and understand the risks, and responsibilities, and liabilities as listed below. I certify that I am aware of the inherent risks associated with outdoor camp activities as well as the inherent risks of being on camp property. Notwithstanding, I hereby choose to participate in all camp activities. Camp activities may include but are not limited to: hiking, climbing, running, swimming, ropes courses, zip line, field sports, waterfront recreation, paintball, and shooting sports. Further, in consideration for Plains Baptist Camp agreeing to accept the afore mentioned child/individual as a camper/guest, I hereby personally assume all risks in connection with my attendance and participation in the events at Plains Baptist Camp.

2. ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

In the event that I am injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by Plains Baptist Camp for health care needs, such as doctor office visits, hospital emergency room visits, or ambulance/medi-flight services. I acknowledge that claims to be submitted under such coverage are time sensitive, and must be filed within 30 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless Plains Baptist Camp, its trustees, employees, agents and representatives for any injury, harm, or other damage by any occurrence in connection with my participation in camp activities in any form or fashion. I further agree to release and hold harmless Plains Baptist Camp, its trustees, employees, agents and representatives from any claim by me, or my family, estate, heirs, or assigns out my participation in activities at Plains Baptist Camp.

5. Pre-Authorize for Medical Treatment

As previously listed, I authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered, as needed in the judgment of the treating physician, who is chosen by the Camp Director, or a designated representative working under him, as circumstances require. I further authorize Plains Baptist Camp Staff to render first aid and to administer medications as prescribed and received by the Camp Nurse at registration.

6. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused directly or indirectly, including graffiti.

7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

I agree to fully cooperate with the adult leadership, camp staff, and other sponsors. I agree that if in the judgment of the adult leadership or camp staff my presence becomes a discipline problem, that I may be asked to leave, and that I will forfeit all camp fees paid.

8. USE OF PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my photograph may be used for promotional purposes or publicity material by Plains Baptist Camp.

9. CAMP RULES AND POLICIES

I agree that I will adhere to the rules and policies of Plains Baptist Camp (see above)

By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.

Participant Name(Print) _____

Participant Signature _____ Date _____

Parent /Guardian Name _____

Parent /Guardian Signature _____ Date _____