

Independent Baptist Youth Camp Registration 2024

(Must be completed by parent/legal guardian)

June 10-14 2024

Student's name _____

Address _____

City _____ Zip Code _____

Grade entering _____

D.O.B. _____

- Male
 Female

Church you came with _____

Cabin bunk request _____

*We do our best to accommodate one request, but all requests are based on the availability of beds.

Parent/Guardian Name _____

Parent/Guardian Cell # _____

Parent/Guardian Work # _____

Parent/Guardian e-mail _____

T-shirt: YM YL AS AM AL AXL AXXL AXXXL

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In the event of an emergency:

Name _____ Relationship: _____

Phone number _____

The following people have permission to pick my child up from camp if I am unable to do so:

Name _____ Relationship _____

Name _____ Relationship _____

Health Insurance Company _____

Policy # _____ Group # _____

Date of last tetanus shot _____ Immunizations up to date? _____

Does he/she suffer from any medical, physical, emotional or behavioral conditions which might affect his/her safety while at camp? (Ex. claustrophobia, vertigo, asthma, heart condition, diabetes, seizures, etc.) Yes No

If yes, please specify _____

Medication(s) being taken _____

*Please note that all medications must be brought in the original bottle(s) and must be checked in with the camp nurse at registration. All medicine will be administered by a camp nurse.

Allergies (Including reactions to medications) _____

Please list any surgeries or serious injuries in the last 2 years _____

I give my permission to BYC to take and post photos you my child on the internet using Facebook, camp website, and/or other promotional materials. Yes No

I give my permission for _____ to attend BYC 2024. I release the camp and/or staff from any liability and acknowledge that all questions/information are answered honestly. I agree and have instructed my child that he/she will obey the instructions of the camp leaders and supervisors and will comply with all standards of behavior of the camp. I assume full legal and financial responsibility and liability for the actions of my child, and agree to indemnify and hold harmless the camp, officers, volunteers and those participating in the camp. I understand and agree that if my child fails to obey the rules or instructions that have been given, he/she may be sent home early at my sole cost and expense.

Parent/legal guardian *signature* _____ Date _____

Camper *signature* _____ Date _____

The cost of camp (\$80) is enclosed. Cash _____ Check# _____ PayPal (@BYCregistrar) _____

Mail form and money to:
Baptist Youth Camp
P.O. Box 5
Sullivan, IN 47882

Feel free to call with any questions-
Makayla Rooksberry- 812-798-4655
or visit www.baptistyouthcamp.org to register & pay!