

# Sponsor

# Registration/Medical Form

Updated Mar. 2022

Name: \_\_\_\_\_

Gender:  Male  Female

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: (MM/DD/YYYY) \_\_\_\_\_

Church: \_\_\_\_\_ City: \_\_\_\_\_

T-Shirt Size: Youth  S  M  L Adult  S  M  L  XL  2XL  3XL  4XL

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Info

List Relevant Medical History/Condition(s) that would help us meet the campers needs (example: seizures, diabetes, past surgery, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Daily Medications:  YES  NO If yes please complete medication form. All medication must be given to camp nurse.

Is camper up to date on their tetanus vaccine:  YES  NO

Health Insurance Company: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_ Insurance Address: \_\_\_\_\_

Doctors' Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## AUTHORIZATION

I have read and understand the camp rules and I agree to abide by them while at East Texas Baptist Encampment hereafter referred to as ETBE. If I do not abide by these rules, I understand that I could be asked to leave the camp grounds at my expense at the discretion of the camp director and/or camp administration. I also consent and give permission for the use of photographs and/or video of myself taken while at camp to be used in the promotion of ETBE and/or camps hosted by ETBE. Picture use examples include, but are not limited to: the ETBE camp webpage, social media sites, or printed materials. Removal of online pictures may be requested by contacting the camp office.

I hereby give my consent for myself to take part in activities such as Ropes Challenge Course, Rifle Range, Archery and other activities occurring within the camp program. In the event of an emergency, I hereby give my consent for ETBE camp administration or 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 agree not to hold liable the sponsoring church, the camp staff, or ETBE in the case of an unforeseen event.

I also attest or affirm that I have not been convicted of a violent crime or assault in any state. Also that I am not currently listed as a sex offender in any state. Finally, I also state that I am in good standing with the church listed above and agree to act as a sponsor for any student listed with the church. I also give permission for ETBE to obtain a background check on me, if one has not been provided.

I also understand that ETBE is associated with the Southern Baptist Convention and I will be receiving religious guidance and training that is consistent with the beliefs of the Southern Baptist denomination. A summary of beliefs can be found on the ETBE website and the Baptist Faith and Message.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_