

**2026 Camp Baldwin Winter Camp
January 16-18, 2026
Camper Registration Form**

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip _____

Father's Name: _____

Cell # _____ Work # _____

Mother: _____

Cell # _____ Work # _____

Guardian's Name - if different from above: _____

Cell # _____

Preferred Email Address(es): _____

Emergency Contact (other than above): _____

Relationship: _____

Emergency Phone: _____

T-shirt Size (Check One) _____ Youth S _____ Youth M _____ Youth L
_____ Adult S _____ Adult M _____ Adult L _____ Adult XL _____ Adult XXL

My child's image may be used on Perdido Bay Methodist Church social media sites. (check one) Yes ___ No ___

PARENT/GUARDIAN'S AUTHORIZATION: I give permission for my child to participate in the indicated camp. I understand that NO ELECTRONIC DEVICES, including cell phones, are allowed on this trip, as well as any food or candy sent from home.

Signature of Parent/Guardian _____

Date _____

Circle One: Male Female
Current Grade: _____
Date of Birth: _____

PLEASE complete Medical Information Page on back of this form

MEDICAL INFORMATION

ALLERGIES: (list all known; use extra paper if needed)

Medical allergies:

Food allergies/restrictions:

Other allergies or Physical, Emotional or Behavior Concerns:

This camper takes NO medications on a routine basis.

This camper takes medications as follows:

MEDICATION, DOSAGE, TIMES TAKEN EACH DAY, REASON FOR TAKING

Permission to administer Over The Counter Medicines (OTC) if necessary; i.e, Tylenol, Advil, Aleve, Benadryl, Cough Drops, Pepto Bismol, Tums, _____,

_____, _____.
Please circle the above or add OTC medicines you give us permission to administer.

Parent/Guardian Authorizations:

- **I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my child.**

Signature of Parent/Guardian:

Printed Name: _____

Date: _____