

# South Central Baptist Network Camp Application 2025



southcentralbaptistnetwork.com

## Camp Discover

**Registration deadline is July 3, 2025**

**CAMP DATES: July 7 - 10.** ~ For boys and girls **ages 5-7** ~ **Cost is \$75.00**

- Day camp is Monday – Thursday, 8:30 AM – 4:30 PM
- Children need to bring a swimsuit, towel, sunscreen, & plastic bag for wet clothes & flip flops/pool shoes
- Children should not bring cellphones or other electronic devices
- All campers should be **pre-registered and prepaid**

Camper Name \_\_\_\_\_ Female Male

Address \_\_\_\_\_  
*Street City State Zip Code*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Church Camper attends \_\_\_\_\_

Has Camper accepted Christ as Savior? YES NO Has Camper been baptized? YES NO

Is Camper a swimmer? YES NO Does Camper have permission to swim? YES NO

List any allergies (including **food** allergies) Camper may have: \_\_\_\_\_

Camper's parent or guardian: \_\_\_\_\_

Address (if different than Camper): \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_

Person to call if parent/guardian cannot be reached \_\_\_\_\_

Phone \_\_\_\_\_

As parent/guardian of the camper, my signature below certifies that I have read and understand the camp parent information sheet and that I give permission for my child to be in camp photos.

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

**Check here if your child will be riding the bus.** Bus transportation to camp will depart **promptly at 8:00 AM** from the parking lot on the corner of **5<sup>th</sup> Street & 13<sup>th</sup> Avenue** (previous location of the Cordele First Baptist Church parking lot). **The bus will return for pickup at 4:45 pm.**

**Make checks payable to South Central Baptist Network and mail with this completed and signed application as well as signed medical release form to: SCBN, PO Box 1274, Cordele, GA 31010.**

SCBN Use Only: Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Scholarship \_\_\_\_\_ Date Received \_\_\_\_\_

# Medical & Photo Release Form

Camper's Name: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency contact person (someone to call if parent/guardian cannot be reached) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Camper's physician and phone \_\_\_\_\_

List all allergies to food and medications \_\_\_\_\_

List all medications camper is currently on \_\_\_\_\_

Is there any additional medical information we should know about your child? \_\_\_\_\_

Are there any special dietary instructions/issues? \_\_\_\_\_

## Please read and initial the following consent statements:

\_\_\_\_ (Initial) I acknowledge that my child's experience in the SCBN Children's Camp will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance my child may come in contact with the following hazards including (but not limited to): ants, mosquitos, ticks, chiggers, poison ivy/oak and bees. I further acknowledge that SCBN Camp and its staff are not responsible for any bug bites, sunburns or possible illnesses including COVID-19 that my result from my child participating in activities. My signature below authorizes the staff at SCBN to request emergency treatment for my child if the situation warrants and I am unable to be contacted.

\_\_\_\_ (Initial) PHOTO RELEASE: I understand that my child may be photographed or videotaped while participating in the activities at the SCBN Camp. South Central Baptist Network Association has my permission to use these pictures in promotional material and/or on the Association website/social media pages. I UNDERSTAND THAT NO IDENTIFYING INFORMATION WILL BE PROVIDED WITH THE PHOTOS.

\_\_\_\_\_  
Parent/Guardian's name (printed)

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date