



# Camp Application

## 2021

Registration deadline is June 1, 2021

Check which camp applying for:

Cost \$50.

\_\_\_\_\_ **Camp Discovery**, June 28-29 For boys and girls **ages 5-7**.

\_\_\_\_\_ **Camp Believe Girls Camp**, June 7-9 2021. For girls who have completed 2-6th grade.

\_\_\_\_\_ **Camp Connect Boys Camp**, June 21-23 2021. For boys who have completed 2-6th grade.

\_\_\_\_\_ **Youth Camp** June 24-26 2021

1. Bus Transportation to Camp Houston will be depart promptly at 8:00 a.m. from First Baptist Day Care Parking lot.

2. Camp is 8:30 a.m. - 4:30 p.m.

2. Children/Youth need only to bring a swimsuit, towel and sun screen.

3. Children should not bring cell phones or other electronic devices.



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

Address \_\_\_\_\_

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

Circle Camper's t-shirt size: 4-5 6-8 10-12 14-16 A-S A-M A-L A-XL A-2XL

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 \_\_\_\_\_

***Make checks payable to Houston Baptist Association and mail with this completed and signed application and signed medical release form to HBA, PO Box 1274, Cordele, GA 31010.***

For HBA use only:

Amount \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Date received \_\_\_\_\_ Cabin assigned \_\_\_\_\_



### Medical 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please read and sign the following consent statement:

I acknowledge that my child's experience in the Camp Houston Children's Camp will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance of my child coming into contact with the following hazards including (but not limited to) ants, mosquitos, ticks, chiggers, poison ivy/oak and bees. I further acknowledge that Camp Houston 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 Camp Houston to request emergency treatment for my child if the situation warrants and I am unable to be contacted.

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

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

\_\_\_\_\_  
Date