

# D-Now Weekend

Youth Name \_\_\_\_\_ Female Male

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade completed as of 6-1-2016 \_\_\_\_\_

Church Youth attends \_\_\_\_\_

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

List any allergies (including food allergies) \_\_\_\_\_

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Circle t-shirt size: A-S A-M A-L A-XL A-2XL A-3XL

Youth's parent or guardian \_\_\_\_\_

Address (if different than Youth) \_\_\_\_\_

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

Email \_\_\_\_\_

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

Please make sure that your youth brings the following:

- Sheets/Blanket or Sleeping Bag
- Pillow
- Towels, Washcloths and other Toiletries
- Modest Clothes & Pajamas
- Bible, Notebook, Pen/Pencil

## NO CELL PHONES ALLOWED

As parent/guardian, my signature below certifies that I have read and understand the camp parent information sheet.

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 \_\_\_\_\_

# Youth Medical Release Form

Youth'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 \_\_\_\_\_

Youth's physician and phone \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

I hereby agree that I will not hold the Houston Baptist Association, its leadership or volunteers serving on its behalf liable in case of accident, injury or loss or damage of property in connection with this activity. In addition, if I cannot be contacted I give my permission to authorize any emergency medical care that may appear necessary.

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

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

Date \_\_\_\_\_