

South Central Baptist Network Camp Application 2023

Camp Discovery

Registration deadline is June 15, 2023



June 19-22. For boys and girls **ages 5-7**. Cost is \$75.00.

- Day camp is Monday – Thursday, 8:30 AM – 4:00 PM
- Children need only to bring a swimsuit, towel and sunscreen
- Children should not bring cellphones or other electronic devices
- All campers should be **pre-registered and prepaid**

Camper Name _____ Female _____ Male _____

Address _____
Street _____ City _____ 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 First Baptist Day Care Parking lot.

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.

For SCBN Use Only: Amount \$ _____ Cash _____ Check _____ Date Received _____

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 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 into 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.

Parent/Guardian's name (printed)

Parent/Guardian's signature

Date