

Registration/Health/Medical Release

NOTICE: This form MUST be notarized (see bottom of page).

Name _____ Age _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Social Security # _____ Counselor _____ Church _____
 In case of emergency, whom shall we notify?
 Name _____ Relationship _____
 Address _____ City _____ State _____ Zip _____
 Home phone _____ Cell phone _____ Work phone _____

Medical Information and Authorization

(If camper is under 18 years of age, this section must be completed by a parent or legal guardian.)

Medications needed: _____
 (All medications must be placed in the First Aid Station and be dispensed under adult supervision.)

Allergies: _____
 (Please list all known allergies)

Personal Immunization Record (List dates or attach a copy of record.): _____ Date of last tetanus shot: _____
 This information is **REQUIRED** for child to be able to remain on the campground.

- | | | |
|---|---|---|
| <input type="radio"/> DTP _____ | <input type="radio"/> Polio _____ | <input type="radio"/> Td _____ |
| <input type="radio"/> DTP Booster _____ | <input type="radio"/> Polio Booster _____ | <input type="radio"/> Other _____ |
| <input type="radio"/> HibCV _____ | <input type="radio"/> MMR _____ | <input type="radio"/> Date of Measles Illness _____ |
| <input type="radio"/> HibCV Booster _____ | <input type="radio"/> MMR Booster _____ | <input type="radio"/> Date of Mumps Illness _____ |

Family physician _____ Phone _____

CSRBC has permission to use any photographs/videos of person listed on this form for brochures, videos, advertising, web page or other promotional items. I/we further understand that these photos/videos will only be used for CSRBC promotional purposes.

Check appropriate area, thereby giving parental consent for child to participate in special activities:

- Paintball Course** **Extreme Obstacle Course** **Ropes Challenge Course**

I authorize medical and/or surgical treatment in the event of an emergency for my child/me by a physician and medical facility chosen by the camp administration. This is the original form or a facsimile of the original, signed form.

The information requested on this form is required by the Texas Department of Health and the Texas Youth Camp Health Safety Act. This completed, signed form is required for everyone under the age of eighteen (18) years of age for registration at Circle Six Ranch Baptist Camp. Minors will not be allowed to remain on the grounds without this completed, signed form. There will be no exceptions. The camp carries an accident policy on registered guests. This policy is intended as a supplement to your own insurance and will pay only to its limits. There is no deductible. Pre-existing conditions are not covered. This policy will pay only for accidents immediately reported to the camp. This insurance does not cover members of your group who may leave the grounds during your scheduled stay. Unauthorized activities may not be covered. All claims must be reported on forms provided by the camp.

Parent/Legal Guardian signature (camper signature if camper is 18 years of age or older): _____

Date _____ Home phone _____ Cell phone _____ Work phone _____

Home address _____ City _____ State _____ Zip _____

Parent/Legal Guardian medical insurance co. _____ Policy # _____

STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this _____ day of _____ A. D. _____

 Notary Public
 _____ County, Texas