<u>Faith Baptist Youth Camp</u> <u>Camper Registration Form</u>

615 Denas Cove Rd, Ragland, AL 35131 Camp Phone (205) 472-2155

Medical Information:	
Camper's Name	Age
Emergency Phone()	
Medications Regularly Taken	
Allergic Reactions	
Restricted Activities	
camp to hospitalize, secure proper treatr or its sponsors liable in case of sickness o to participate in the entire camping prog	I emergency, I hereby give permission to the physician selected by the ment for my child as named on this form. I will not hold this organization or accident. I certify that my child is in good physical condition and able ram other than the activities listed as "restricted". I:
Registration Form:	
Camper's Name	Date
Address	
City	State
Home Phone <u>()</u>	Mobile Phone _ (_)
DOB	Age Male/Female
	Pastor
I have read the <u>Rules and Dress Code</u> a	and agree to abide by them.
Camper Signature:	
Parent or Legal Guardian Signature:_	
	eir designated counselor at all times. Each church is responsible for their eardian, and camper will not hold Faith Baptist