

**Faith Baptist Camp**

615 Denas Cove Rd,  
Ragland, AL 35131  
Camp Phone (205) 472-2155  
Pastor David Wood Phone (205) 607-4206

## Registration Form

### Medical Information

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

Emergency Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Medications Regularly Taken \_\_\_\_\_

Allergic Reactions \_\_\_\_\_

Treatment Giver \_\_\_\_\_

Restricted Activities \_\_\_\_\_

Date of last Tetanus Injection \_\_\_\_\_

**For Parent/Guardian: In case of a medical emergency, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for my child as named on this form. I will not hold this organization or its sponsors liable in case of sickness or accident. I certify that my child is in good physical condition and able to participate in the entire camping program other than the activities listed as "restricted".**

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Registration Form

Camper's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_ Mobile Phone \_\_\_\_\_ ( ) \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

I have read the Rules and Dress Code and agree to abide by them.

Camper/Guardian Signature \_\_\_\_\_

### Liability Waiver:

**Every camper must be chaperoned by their designated counselor at all times. Each church is responsible for their campers and does not hold Faith Baptist Church and Camp liable for neglect of their responsibility.**

Parent or legal guardian signature \_\_\_\_\_