

Big G Summer Camp Registration & Medical Release (July 30-Aug. 3, 2018)

Registration & payment also available on-line at www.sbcnb.org/camp

For more information, please call Loy or Pastor Josh at Skyline Baptist Church - 541-756-3311 or email loy@sbcnb.org or jkintigh@sbcnb.org

Camper Name _____ circle: M / F DOB _____

Entering Grade (circle): 4 5 6 7 8 9

Parent/Guardian Names _____ email: _____

Address _____ City _____ State _____ Zip _____

Best phone #'s to reach parents/guardians: _____

EMERGENCY CONTACT (name): _____ Phone _____

Home Church (if applicable) _____

Roommate Choice #1 _____ Roommate Choice #2 _____

T-Shirt size (circle) Sm Child Med Child Lg Child Sm Adult Med Adult Lg Adult XL Adult

Camp Fee: \$199 if paid by July 16th; \$224 after July 16th

Please enclose camp deposit with registration, unless prior arrangements have been made. **No registrations accepted after July 30th.** \$25 of the registration fee is non-refundable if cancellation is necessary. If your child leaves camp during the week, the full fee is non-refundable. Please make checks payable to: Skyline Baptist Church, 3451 Liberty St., North Bend, Oregon 97459. *The medical release must be filled out and signed for campers to attend.*

Medical Information & Release (valid July 30-Aug. 3, 2018)

Doctor's name: _____ Location & phone: _____ Is child's tetanus current? Yes ___ No ___

Allergies to: Insect stings ___ Drugs ___ Foods ___ Other: _____ Describe allergies and normal treatments: _____

OTHER CONDITIONS WE SHOULD BE AWARE OF: _____

Medications being taken: _____
Please be prepared to turn in all medication to camp nurse for administration. Prescriptions must have the child's name and dosage on the original labeling. Please include additional instructions if needed.

Swimming restrictions? Yes ___ No ___ Activity restrictions? Yes ___ No ___ If yes, please explain restriction: _____

Our camp insurance is only secondary insurance. If you have insurance, your carrier will be billed for medical charges in the case of illness or injury while at camp.

Do you have health insurance? Yes ___ No ___ If so, please fill out the following:

Name of Insurance Company _____ Policy # _____

Address of Insurance Company _____

Medical Release In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the camp staff to hospitalize, to secure proper treatment, and/or order an injection, anesthesia or surgery for my son or daughter as deemed necessary.

Liability Release By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in camp and agree not to hold Cottage Grove Christian Camp, Skyline Baptist Church, or any of their staff or volunteers liable for damages, losses or injuries to the person or property under-signed. The Parents/guardians understand that they are signing for the minor listed on this form and the signature is both for medical and liability release. In addition, the parent or guardian hereby authorizes Skyline to use, reproduce, distribute, and display their child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the church.

Parent/Guardian Signature _____ Date _____