

2019

**WEIR BAPTIST CAMP REGISTRATION & MEDICAL FORM**

To be completed by ALL campers, sponsors, & staff

(Check Appropriate Box)

- I am a:
- Camper
- Sponsor/Staff

(Camp Use)  
Cabin Assignment:

\_\_\_\_\_

Please check which camp(s) you are attending:

- Senior High Camp
- Junior High Camp
- Children's Camp
- Kingdom Kids Camp
- Day Camp

male /  female Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Circle last grade completed: P K 1 2 3 4 5 6 7 8 9 10 11 12

Church: \_\_\_\_\_ City: \_\_\_\_\_

Are you a Christian?  YES  NO  UNSURE Baptized?  YES  NO

**CAMPER'S ONLY:** Name of Parent/Guardian: \_\_\_\_\_

Address if different than above: \_\_\_\_\_

**EMERGENCY CONTACT NUMBERS:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Other contact numbers: \_\_\_\_\_

**MEDICAL INFORMATION:** (Please complete EVERY question) (You may use n/a if not applicable)

Are you currently taking medicine or treatment?  YES  NO

If yes, explain: \_\_\_\_\_

Have you been restricted from sports or water activities for any reason?  YES  NO

If yes, explain: \_\_\_\_\_

Have you ever had a severe reaction to a bee/hornet sting, or insect bite?  YES  NO

If yes, explain: \_\_\_\_\_

Date of last Tetanus Toxoid Immunization: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

I was checked for **Head Lice** just before attending camp?  YES  NO

List any allergies: Food: \_\_\_\_\_

Drugs: \_\_\_\_\_

Other medical needs: \_\_\_\_\_

- Do you have:
- Sinus Trouble
  - Hay Fever
  - Asthma
  - Heart Trouble
  - Epilepsy
  - Diabetes
  - Other
  - Communicable Disease, explain: \_\_\_\_\_

ALL CAMPERS ARE COVERED BY PRIMARY INSURANCE WHILE AT CAMP. The State of Kansas requires the automobile insurance on the vehicle in which the camper is riding to be the primary insurance during travel to and from the camp.

We have read the Camp Guidelines and will follow them while at camp. As the parent/guardian/self, I give my permission for the above camper/staff to attend Weir Baptist Camp and will not hold Weir Baptist Camp responsible for any accident that may occur. I give full authority to the Camp staff to discipline my child as may be deemed necessary. If my child's behavior is such that it may endanger the happiness or the safety of the entire group, the Camp Staff has my permission to send my camper home after notifying me of their intention. I understand and give my permission for any photographs or video footage taken during camp to be used on the associational website and for promotional materials for the camp.

**EMERGENCY MEDICAL AUTHORIZATION:** In the event of an emergency, I hereby give permission to the Weir Baptist Camp personnel to obtain medical assistance for my child or myself. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child or myself.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_