



Registration and Medical Release Form

(This form may be reproduced but not altered.)

Camp Attending: _____ Camp Date: _____ Sponsor Church: _____

Name _____ Sex _____ Grade Completed _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____

Are you a Christian? _____ Church Membership _____

I have read and agree to abide by the Alto Frio Baptist Encampment camper rules and will cooperate with the leaders and fellow campers.

Camper's Signature _____

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Alternate Phone Number (____) _____

Family Physician's Name _____ Phone number _____

Name of primary insurance policy _____ Policy number _____

Date of last Tetanus shot _____ Is camper allergic to Tetanus booster? _____

Date of Oral Polio Vaccine _____ Date of Measles/Mumps/Rubella Vaccine _____

Has camper had:

Appendix removed? _____

Chickenpox? _____

Fainting spells? _____

Asthma? _____

Heart trouble? _____

Convulsions? _____

Diabetes? _____

Allergies to food or medicine? _____

Specify _____

Allergies to bites or stings? _____

Specify _____

Any other allergies? _____

Specify _____

Medication Authorization:

Is camper taking any medication that must be given at camp? _____

If yes, please complete the following:

Please administer to _____

The following medication(s): _____

Dosage: _____

Time: _____

Date of Camp: _____

Signature: _____

In consideration for your agreeing to accept the above named individual as a camper, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician chosen by the Alto Frio Administrator or his representative. I understand the twenty-four (24) hour first aid station is available. I further understand that limited secondary accident and illness coverage is provided.

I expressly understand and acknowledge that during the course of the camp photographs or video footage of my child may be taken and I hereby give permission for such photographs or videos to be used on the camp website and/or promotional materials for the camp.

Parent's Signature _____

Other person to notify in case of emergency: _____

Name _____

Phone _____

Additional Medication Information:

Please administer to _____

The following medication(s): _____

Dosage: _____

Time: _____

The following medication(s): _____

Dosage: _____

Time: _____

The following medication(s): _____

Dosage: _____

Time: _____