

*Lake Texoma*  
BAPTIST YOUTH CAMP  
and CONFERENCE CENTER

POTTSBORO ★ TEXAS

REGISTRATION

Camper's Name: \_\_\_\_\_ Male      Female

Age: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade next year: \_\_\_\_\_ Adult Sponsor

Parent / Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Emergency Number: (    ) \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Church Phone: (    ) \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Youth Director's Name: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Please list and explain any medical conditions, medications, or allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please complete the following insurance coverage information:*

Name of insurance company: \_\_\_\_\_

Camper SS # \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee SS # \_\_\_\_\_

Employee company name and address: \_\_\_\_\_

Group Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*Or attach a photocopy of the card's front and back to this form*

**AUTHORIZATION TO DISPENSE PRESCRIPTION MEDICINE:**

I hereby authorize the medical staff at Lake Texoma Baptist Youth Camp to dispense the following medicines:

_____	_____	_____
Prescription	Dosage	Times
_____	_____	_____
Prescription	Dosage	Times
_____	_____	_____
Prescription	Dosage	Times
_____	_____	_____
Prescription	Dosage	Times

**PARENTAL CONSENT**

I give my consent for the above named camper to attend Lake Texoma Baptist Youth Camp and Conference Center. My child may participate in all camp activities. Photograph images and videos of participants in camp activities maybe used in official Lake Texoma Baptist Youth Camo promotional literature. I/We will not hold the organization or its sponsors liable in case of sickness, injury, or loss of property. I/We give consent for our child to receive emergency medical treatment if necessary. We also agree to abide by all camp rules and regulations.

The above named caregiver shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic test, et.), for the above named child, which may be required during above named child's stay at camp. This consent serves as permission for treatment by any medical facility that Lake Texoma Baptist Youth Camp and its counselors deem proper and necessary. Note: Consents are not required in emergency situations, I agree to pay for all services provided to my child while they are at camp.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Camper Signature: \_\_\_\_\_