



# Brentwood Baptist Christian Academy BULLDOG Summer Camp Registration And Emergency Contact Form



**PLEASE PRINT LEGIBLY**

**Date** \_\_\_\_\_

Child's Name	Sex <small>(circle one)</small>	Birth Date <small>(month/day/year)</small>	Grade <small>(in Fall)</small>	Additional Information <small>Allergies, Medical Conditions, etc.</small>
	M   F			
	M   F			
	M   F			
	M   F			

## Parent/Guardian Information

(Circle one)   **Father**   **Mother**   **Guardian**

Print Name		Work Hours ____ to ____	Work Phone Number ____ - ____ - ____ ext. ____
Address: # and Street	e-mail		Cell Phone Number ____ - ____ - ____
City	State	Zip Code	Home Phone Number ____ - ____ - ____

(Circle one)   **Father**   **Mother**   **Guardian**

Print Name		Work Hours ____ to ____	Work Phone Number ____ - ____ - ____ ext. ____
Address: # and Street	e-mail		Cell Phone Number ____ - ____ - ____
City	State	Zip Code	Home Phone Number ____ - ____ - ____

Starting Date : _____	Attending: <b>1</b> <b>2</b> <b>3</b> Sessions	Arrive at: _____	Leave at: _____
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I give permission for my child(ren) to ride in the designated school vehicle for scheduled field trips. I also give permission for my child(ren) to walk to nearby parks or stores as such trips are planned.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

I give permission for emergency medical treatment by a licensed physician at a hospital if the need should arise.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**\*PLEASE FILL OUT BACK OF PAGE\***

**EMERGENCY CONTACT** Please list someone other than parent/guardian. In case of an emergency, parent/guardian will be contacted first. If parent/guardian cannot be located by phone, the emergency contact person will be called.

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

**Medical History**

Date of last Tetanus Booster \_\_\_\_\_ Up to date Vaccinations Y / N

Allergies Food Y / N Which foods?

Hay Fever Y / N Bee Sting Y / N Other:

Poison Ivy Y / N Penicillin Y / N Sunscreen Y / N

**My child may receive if needed** Tylenol Y / N Advil Y / N  
Benadryl Y / N Pepto-Bismol Y / N Hydrocortisone Cream Y / N

**My child has (circle any that apply)**

Asthma Epilepsy Autism Migraines Ear Infections

Seizures Heart Disease ADD/ADHD

Diabetes Behavioral Issues Other:

Please give us any additional information that will be helpful to your child and staff: \_\_\_\_\_

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

**Health Provider**

No Insurance  
Insurance Company \_\_\_\_\_

Insurance Phone \_\_\_\_\_

Insured's Name \_\_\_\_\_

Policy # \_\_\_\_\_  
Group # \_\_\_\_\_

All medications must be in their original containers with correct dosage clearly marked and given to the Health Care Provider at registration.

In order to reduce the number of pharmaceuticals, please refrain from sending vitamins and over-the-counter medicines unless deemed medically necessary.

**PLEASE FILL OUT NEXT PAGE**

## Important Information

1. **Camper Age Policy:** Your camper must register for their own age group. We are, unable to accommodate any request to make an exception to camp policy.

2. **Risk of Injury:**

I give permission for my child to participate in learning and recreational activities and to be bound by all camp policies regarding behavior and dress.

I give permission for my child to participate in the full range of camp activities including swimming, and group sports. I acknowledge that the natural conditions of the camp, and the interaction with other children of various ages may subject my child to risk of injury.

3. **Photograph/Video:** By registering my child in the programs of Brentwood Baptist Bulldog Summer Camp, I give my consent for the camp to use my child's photograph & video footage in camp promotion, publicity and website.

4. **Waiver of Liability:**

- **In case of emergency,** I hereby give permission to hospitalize, secure treatment for and to order anesthesia or surgery for my child named on this form. I understand that every effort will be made to contact me in case of such an emergency, if possible, before any such treatment is administered. I accept primary responsibility of medical coverage while my child is participating in camp session.
- **In case of accident,** I will not hold Brentwood Baptist Bulldog Summer Camp, its staff, management, faculty, volunteers or its officers liable. Further, I waive any claim or cause of action against the foregoing parties which may arise as a result of an accident or an injury to my child.
- I hereby release Brentwood Baptist Bulldog Summer Camp from any responsibility other than normal supervision and care. Further, I understand that Brentwood Baptist Bulldog Summer Camp and its staff shall not be held responsible for any articles lost, stolen or left at the camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CAMP T-SHIRT SIZE:**

Adult XXL   Adult XL   Adult Large   Adult Medium   Adult Small

Youth Large   Youth Medium   Youth Small

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