



# Registration Form

**Camp dates:** June 14-18, 2010  
**Location:** Dyersdale Baptist Camp  
Coldspring, Texas

## Personal Information

Head of Household or Family Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other phone (\_\_\_\_) \_\_\_\_\_

## Emergency Contact

In case of emergency, contact \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

## Church Information

Home Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Pastor's/Youth Pastor's Name: \_\_\_\_\_

## Cost and Payment Information

- Youth: \$200/camper  
Ages 11-18 or going into 6<sup>th</sup> grade through recent completion of high school. Includes all activities, accommodations and services.
- Adults: \$100/person\*  
Housing is provided with the campers. \*Fee waived for all work volunteers (an Adult Volunteer Application Form must be approved by Camp Staff).
- Children under 11: \$50/person  
Must be accompanied by an adult; will not be participating in any camp activities. No childcare or nursery will be provided.
- Pastors and their wives are free.

## Reservation Information

To ensure a place in the camp you must return a completed registration form along with a registration fee of \$25 per person or \$100 per family, whichever is less. The registration will be applied toward your total camp fee. All camp fees are non-refundable but may be transferred to another person in your group. Phone reservations cannot be accepted. Last-minute reservations are not guaranteed. Walk-ons are not permitted. Checks should be made payable to **Bayou Drive Baptist Church**.

**Total camp fees are due by June 1, 2010.**

# Individual Camper Information

Please fill out the following information on every member of the family who is attending camp.  
Use an additional form if necessary.

|   |            |
|---|------------|
| Camper/Family Member No. 1<br>Name: _____<br>Date of Birth: _____ Grade in the Fall: _____ Male__ Female__<br>__Youth (\$200) __Adult (\$100) __Child (\$50) __Adult Volunteer Worker/Pastor/Pastor's wife (no fee) | Fee: _____ |
| Camper/Family Member No. 2<br>Name: _____<br>Date of Birth: _____ Grade in the Fall: _____ Male__ Female__<br>__Youth (\$200) __Adult (\$100) __Child (\$50) __Adult Volunteer Worker/Pastor/Pastor's wife (no fee) | Fee: _____ |
| Camper/Family Member No. 3<br>Name: _____<br>Date of Birth: _____ Grade in the Fall: _____ Male__ Female__<br>__Youth (\$200) __Adult (\$100) __Child (\$50) __Adult Volunteer Worker/Pastor/Pastor's wife (no fee) | Fee: _____ |
| Camper/Family Member No. 4<br>Name: _____<br>Date of Birth: _____ Grade in the Fall: _____ Male__ Female__<br>__Youth (\$200) __Adult (\$100) __Child (\$50) __Adult Volunteer Worker/Pastor/Pastor's wife (no fee) | Fee: _____ |
| Camper/Family Member No. 5<br>Name: _____<br>Date of Birth: _____ Grade in the Fall: _____ Male__ Female__<br>__Youth (\$200) __Adult (\$100) __Child (\$50) __Adult Volunteer Worker/Pastor/Pastor's wife (no fee) | Fee: _____ |
| Camper/Family Member No. 6<br>Name: _____<br>Date of Birth: _____ Grade in the Fall: _____ Male__ Female__<br>__Youth (\$200) __Adult (\$100) __Child (\$50) __Adult Volunteer Worker/Pastor/Pastor's wife (no fee) | Fee: _____ |

**Total Camp Fees (from above)** \_\_\_\_\_

**Less Deposit (attached)** \_\_\_\_\_

**Remaining Balance (due by June 1, 2010)** \_\_\_\_\_

# Houston Area Baptist Youth Camp

## Medical Information and Authorization

For the health and safety of all campers we request that campers with contagious conditions or diseases not be sent to camp. We appreciate your cooperation and understanding in this matter of public health. Over-the-counter medications and prescription medications for youth campers not accompanied by a parent will be submitted to the camp health director with instructions for dispensing signed by a parent or guardian. All medications must be in their original labeled containers.

**Please provide the following medical information for every family member attending camp. Additional spaces, emergency information, and medical authorization are on the back.**

|  |                              |
|--|------------------------------|
| Camper #1 _____  |                              |
| Date of Birth _____  | Tetanus (date) _____         |
| Prescribed Meds:<br>_____<br>_____   | Allergies:<br>_____<br>_____ |
| Medical Conditions:<br>_____<br>_____  |                              |
| Restricted Activities:<br>_____  |                              |
| Physician: _____   | Physician Phone #: _____     |
| OTC Medicine permitted for this camper: (please check)<br>Aspirin__ Tylenol__ Benadryl__ |                              |

|  |                              |
|--|------------------------------|
| Camper #2 _____  |                              |
| Date of Birth _____  | Tetanus (date) _____         |
| Prescribed Meds:<br>_____<br>_____   | Allergies:<br>_____<br>_____ |
| Medical Conditions:<br>_____<br>_____  |                              |
| Restricted Activities:<br>_____  |                              |
| Physician: _____   | Physician Phone #: _____     |
| OTC Medicine permitted for this camper: (please check)<br>Aspirin__ Tylenol__ Benadryl__ |                              |

|  |                              |
|--|------------------------------|
| Camper #3 _____  |                              |
| Date of Birth _____  | Tetanus (date) _____         |
| Prescribed Meds:<br>_____<br>_____   | Allergies:<br>_____<br>_____ |
| Medical Conditions:<br>_____<br>_____  |                              |
| Restricted Activities:<br>_____  |                              |
| Physician: _____   | Physician Phone #: _____     |
| OTC Medicine permitted for this camper: (please check)<br>Aspirin__ Tylenol__ Benadryl__ |                              |

|  |                              |
|--|------------------------------|
| Camper #4 _____  |                              |
| Date of Birth _____  | Tetanus (date) _____         |
| Prescribed Meds:<br>_____<br>_____   | Allergies:<br>_____<br>_____ |
| Medical Conditions:<br>_____<br>_____  |                              |
| Restricted Activities:<br>_____  |                              |
| Physician: _____   | Physician Phone #: _____     |
| OTC Medicine permitted for this camper: (please check)<br>Aspirin__ Tylenol__ Benadryl__ |                              |

Camper #5 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tetanus (date) \_\_\_\_\_

Prescribed Meds: \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

OTC Medicine permitted for this camper: (please check)

Aspirin\_\_ Tylenol\_\_ Benadryl\_\_

Camper #6 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tetanus (date) \_\_\_\_\_

Prescribed Meds: \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

OTC Medicine permitted for this camper: (please check)

Aspirin\_\_ Tylenol\_\_ Benadryl\_\_

**Insurance Information**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**In Case of Medical Emergency**

I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, order injection, anesthetize or perform surgery deemed necessary for my child. I also affirm that the medical information on this form is complete and correct.

Parent or Guardian's Signature: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Additional emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s): \_\_\_\_\_