**CAMPER REGISTRATION FORM**

**Bayboro Baptist Church, Bayboro**

**July 7 – July 11, 2025**

**CAMPER NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER INFORMATION**:

 GENDER\_\_\_\_\_\_\_\_\_\_\_\_BIRTHDAY\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_SCHOOL GRADE IN FALL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HOME CHURCH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DENOMINATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTERING PARENT/GUARDIAN/CONTACTS**

 NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FULL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE: HOME ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAY ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECOND PARENT/GUARDIAN/CONTACTS**

 NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FULL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE: HOME ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAY ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION:**

LIST ANY PHYSICAL, EMOTIONAL, BEHAVIORAL, OR MENTAL HEALTH CONCERNS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 ALL IMMUNIZATIONS REQUIRED FOR MY CHILD TO ATTEND SCHOOL ARE UP TO DATE: \_\_\_\_YES \_\_\_\_NO

 DATE OF LAST TETANUS SHOT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 IS CAMPER ALLERGIC TO BEE STINGS: \_\_\_\_\_\_\_\_\_\_ HAS CAMPER EVER BEEN STUNG BY A BEE:\_\_\_\_\_\_\_\_\_

 FOOD ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CAMPER TAKE DAILY MEDICATION, PRESCRIPTION OR OVER THE COUNTER? IF YES, please list medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL CAMP NEED TO ADMINISTER ANY MEDICATION TO CAMPER DURING CAMP?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for camp or church staff to provide first aid, administer medications as noted above*,* and seek emergency medical services if needed. Every effort will be made to contact the parent/guardian as soon as possible.

**PARENT/GUARDIAN SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OR

I REFUSE TO GIVE PERMISSION TO TREAT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I agree to the policies outlined in the Voyages Guidelines and understand that my child will be held accountable for their actions and behaviors at Voyages. I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend and take part in all Voyages activities. I give permission for photographs taken of me/or my child to be used for camp publicity, printed or electronic. I grant permission for my child to be transported by Camp Don Lee between church and camp on the designated day of camp.

**SIGNATURE OF PARENT/GUARDIAN**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SWIMMING**

Swimming is a potential activity during Voyages. There will be a lifeguard on duty, as well as counseling staff supervising the campers. Please fill out this form to let us know how well your child is able to swim. If your child is unable to swim, we will require them to wear lifejackets while in the pool. Circle one of the following:

**NON-SWIMMER BEGINNER MODERATE SWIMMER ADVANCED SWIMMER**

**Registrations with $10 fee may be dropped by Bayboro Baptist (drop box), Oriental United Methodist, M-Th, 10 a.m.-3 p.m.**