

**BEAR RIDGE YOUTH CAMP STAFF APPLICATION**

\*Required fields/ Staff Ages 19 and up /Attach Photo of Participant

\*NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

(Middle) \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Age at Camp \_\_\_\_ \*  M /  F

\*Home Address \_\_\_\_\_ Apt# \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Cell# (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home# (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alt# (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_ Church \_\_\_\_\_

An Email Address of the Staff or Parent so we may contact you regarding future camps

**PARENT/LEGAL GUARDIAN/SPOUSE/EMERGENCY CONTACT INFORMATION**

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

\*Relationship to Staff \_\_\_\_\_

\*Address \_\_\_\_\_ Apt# \_\_\_\_\_

\*City \_\_\_\_\_ \* State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Cell# (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Alt# (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Alternate Contact: Name \_\_\_\_\_ Cell#/Alt# (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**HEALTH HISTORY: PLEASE CHECK ITEMS WHICH THE CAMPER/STAFF MEMBER HAS EXPERIENCED**

**Diseases/Illnesses**

- Heart Defect/Disease
- Convulsions/Epilepsy
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension
- Mononucleosis
- Chicken Pox
- Mumps
- German Measles

**Chronic/Recurring Conditions**

- Ear Infections
- Bed Wetting
- Sleepwalking
- Stomach Upsets
- Fainting
- Nose Bleeds
- Altitude Sickness
- Asthma
- Scarlet Fever

**Allergies**

- Hay Fever
- Poison Oak
- Insect Stings
- Bee Stings
- Penicillin
- Food
- Measles
- Other Drugs \_\_\_\_\_

**If any boxes are checked, please explain** \_\_\_\_\_

Additional Information about your child that will help us better care for them (I.e. ADHD, ADD, Sleeping Issues or Behavioral Issues etc.)

\_\_\_\_\_

Operations or serious injuries (List type and approximate date)

Chronic or recurring illness or medical condition(s)

Any prescription medication being taken  Yes /  No

If yes, list names of medication(s) and what condition they are for and how frequently they are administered (**Note: All camper medications including over the counter medications, must be turned in to the Camp Nurse upon arrival at Camp and will be administered by the Camp Nurse.**)

1 Name of Medication \_\_\_\_\_ Condition \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_  
 2 Name of Medication \_\_\_\_\_ Condition \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_  
 3 Name of Medication \_\_\_\_\_ Condition \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_  
 4 Name of Medication \_\_\_\_\_ Condition \_\_\_\_\_ Dosage/Frequency \_\_\_\_\_

Dietary Restrictions  Yes /  No, if yes explain

\_\_\_\_\_

\*Name of Physician \_\_\_\_\_ \*Office Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\*Insurance Carrier (attach copy of card) \_\_\_\_\_ \*Policy # \_\_\_\_\_

\*Name of Policy Holder \_\_\_\_\_

**Authorized Medicines and Health Information:**

*If you wish the above minor to have access to any medication provided by you, you must complete the section of this page indicating the name of the medication, the condition it is taken for and the dosage or frequency to be dispensed. All medications for minors will be stored with the Camp Nurse and returned to the camper at the end of the camp. I further authorize the Camp Nurse to dispense (or withhold) medications and medicines as indicated above.*

**Liability Release Form (Release of All Claims)**

In consideration for being accepted by First Missionary Baptist Church for participation in the 2024 Youth encampment, I do hereby release, forever discharge and agree to hold harmless the First Missionary Baptist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating at Bear Ridge Youth Camp or activity including recreation (including but not limited to: hiking, sports) and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, it's directors, employees and agents for any liability sustained by said acts or said participant including expenses attending thereto.

The Undersigned further consents to the administration of first – aid and/or doctors care or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify First Missionary Baptist Church of Yuba City, its directors, employees and agents from any failure to act on the part of the chosen to administer medical care on the behalf of the participant.

**Notice to those applying to be a Counselor:** First Missionary Baptist Church will perform background checks on **all counselors**, by signing below you agree and give permission for First Missionary Baptist Church to do a background check.

**Notice:** Pictures will be taken during camp activities and could be posted on social media or other outlets

\*Signature: \_\_\_\_\_

\*Printed Name: \_\_\_\_\_

\*Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Name of Participant: \_\_\_\_\_

(If different from above)