

BEAR RIDGE YOUTH CAMPER APPLICATION

*Required fields/ Camper Ages 8 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 Camper or Parent so we may contact you regarding future camps

PARENT/LEGAL GUARDIAN/EMERGENCY CONTACT INFORMATION

*NAME: _____

*Relationship to Camper _____

*Address _____ Apt# _____

*City _____ * State _____ *Zip _____

*Cell# (____) ____ - ____ Alt# (____) ____ - ____

Alternate Contact: Name _____ Cell#/Alt# (____) ____ - ____

(Required for campers)

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

Diseases/Illnesses

Chronic/Recurring Conditions

Allergies

Heart Defect/Disease

Ear Infections

Hay Fever

Convulsions/Epilepsy

Bed Wetting

Poison Oak

Diabetes

Sleepwalking

Insect Stings

Bleeding/Clotting Disorders

Stomach Upsets

Bee Stings

Hypertension

Fainting

Penicillin

Mononucleosis

Nose Bleeds

Food

Chicken Pox

Altitude Sickness

Measles

Mumps

Asthma

Other Drugs _____

German Measles

Scarlet Fever

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: 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)