



RPBC Student    Guest Student    Chaperone    Volunteer    Paid  
Camp Dates: \_\_\_\_\_

**CAMP IS OPEN TO MIDDLE SCHOOL THROUGH HIGH SCHOOL STUDENTS ONLY  
ALL ADULT VOLUNTEERS WILL BE SUBJECTED TO A CRIMINAL BACKGROUND CHECK**

## *Registration Form*

### **Enrollment Form**

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent | Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Medical Form**

Does Participant take any medication?: \_\_\_\_\_ If yes please describe & explain: \_\_\_\_\_  
\_\_\_\_\_  
Will they be taking this at camp?: \_\_\_\_\_ If yes please give instructions: \_\_\_\_\_  
\_\_\_\_\_  
Any medical conditions, limitations or problems?: \_\_\_\_\_ If yes please describe & explain: \_\_\_\_\_  
\_\_\_\_\_  
List all allergies (food, bee sting, medication, etc.): \_\_\_\_\_  
\_\_\_\_\_  
Date of last Tetanus Shot: \_\_\_\_\_  
Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical | Dental Insurance Information: \_\_\_\_\_  
\_\_\_\_\_

### **Medical Release**

I | We, the parent(s) or legal guardian(s) of \_\_\_\_\_  
give consent & permission to Rock Pike Baptist Church to render first aid to my child, and to charge,  
administer medicine, summon an ambulance or otherwise provide transport to a hospital where my child may  
receive emergency medical care.

Parent | Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_