



CAMPER REGISTRATION

Senior Camp

Junior Camp

Name _____ Age _____ D.O.B. ____/____/____

Male or Female Address _____
(circle one)

City _____ State _____ Zip _____

Home Ph. () _____ - _____ Emergency Ph. () _____ - _____

Church _____ City _____

List any medical problems the camper may experience while at camp:

Private Insurance Company _____

Insurance Policy # _____

Insurance Contact Phone # _____

CAMP AGREEMENT:

The registration fee is \$130.00 per person. This entitles the camper to room and board for the duration of camp, except for any campers taken home for disciplinary reasons.

Each camper needs to bring a Bible, small notebook, pencil, bed-sheets, pillow, blanket, towels, soap, swimsuit, changes of clothes for five days and spending money for the concession stand.

All individuals need to provide proof of insurance. In the event of an emergency medical incident, the hospital will be provided first with the camper's personal insurance, followed by your church insurance. By signing below, you are agreeing that Sagmount Baptist Camp and MidAmerica Baptist Youth Camp are free of liability and shall be held blameless in the unfortunate event of illness or injury.

Any rules regarding behavior and dress not specified in the following camp rules may be implemented at the discretion of the Youth Camp Committee.

I hereby authorize the Pastor or Counselor to have the right to secure medical aid for my child while they are driving to, attending and returning from Youth Camp as they deem necessary.

Signature of Parent / Legal Guardian

Signature of Camper

Signature of Pastor

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Text number of Supervising Counselor at Camp