



## Camper/Counselor Registration Form

5920 Lickford Bridge Rd SW | Mauckport, IN 47142 | 877-771-2267 | camp@shawneebaptist.org

Name \_\_\_\_\_ Male  Female   
Last First Middle

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Class of: 20

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Area Code & Number

Parent's Name & Address \_\_\_\_\_  
(if different and camper is a minor)

Church \_\_\_\_\_ Pastor \_\_\_\_\_

\*\* I agree to abide by ALL camp rules & dress code. I will be 'willing' and cooperative to comply in all areas. I understand violation to comply may result in dismissal from camp.

Camper/ Counselor Signature \_\_\_\_\_

## Medical Form

**PARENTS & COUNSELORS:** ALL INFORMATION MUST BE FILLED OUT TO COMPLETE REGISTRATION

Any medical allergies? (penicillin, etc) \_\_\_\_\_

Food allergies? \_\_\_\_\_ Skin diseases? \_\_\_\_\_

Any other pertinent information regarding: Heart \_\_\_\_\_

Lungs \_\_\_\_\_ Throat \_\_\_\_\_ Ears \_\_\_\_\_

Other \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Parents insurance company \_\_\_\_\_ ID Number \_\_\_\_\_

Insurance company's address \_\_\_\_\_

In case of accident or other emergency, I hereby grant my permission to have the camp staff authorize medical attention by a physician or admit my camper to the hospital as necessary. I do not hold Shawnee Baptist Church, Indian Creek Baptist Camp & Retreat Center, Kendall Bible Camp, Inc. or any other staff responsible for any accident or injury that should occur. (The camp staff will notify you immediately of any such occurrence.) I also give permission to use photos of my camper in camp publicity.

Parent / Guardian's Signature \_\_\_\_\_  
Signed Printed Dated

(Those registering above over 18 years of age [including counselors] must also sign for themselves.)