



HERITAGE BAPTIST BIBLE BOOT CAMP

REGISTRATION/MEDICAL RELEASE FORM

(Must be filled out by **all** campers) Sizes S _____ M _____ L _____ XL _____

Camper's Name _____ Age _____ Sex _____

Birthdate _____ Address _____

City _____ State/Zip _____

Phone # _____

Home Church _____

Pastor _____ City _____ State/Zip _____

Are you taking any MEDICINE? Yes ___ No ___ If yes, please specify _____

Are you taking any PRESCRIPTION MEDICATION? Yes _____ No _____
If yes, please specify _____

(please report to the camp nurse for supervision)

What "over the counter" medications are you allowed to take?

Do you have any medical condition(s) which may limit your foods or activities? Yes _____

No _____ If yes, please specify _____

(please report to the camp nurse for supervision)

Please list any current or chronic health problems _____

Do you have any allergies? Yes ___ No ___ If yes, please specify _____

Family Doctor _____ Doctor's Phone # _____

Name of Primary Medical Insurance _____

(Please bring a copy of your INSURANCE CARD or DSHS COUPON.

If DSHS has HEALTHY OPTIONS bring a copy of the card that goes with the coupon)

In case of an accident, does the parent or legal guardian give permission for medical treatment if necessary? Yes ___ No ___ If no, please explain _____

I accept all responsibility for refusing medical assistance:

X _____

Signature of Parent or Legal Guardian

(any complications or added problems due to not giving permission is parent or guardian's responsibility)

In case of an accident, does the parent or legal guardian give permission to transport if an injury occurs?

Yes ___ No ___ If no, please explain what you would like us to do _____

In case of emergency, please contact:

_____ Name Relationship Phone #

X _____

Signature of Parent or Legal Guardian Date

*****IF YOUR FORM IS NOT POSTMARKED BY JULY 10, 2017 YOU WILL NOT HAVE A SPOT RESERVED FOR 2017 BOOT CAMP*****