



HERITAGE BAPTIST BIBLE BOOT CAMP

REGISTRATION/MEDICAL RELEASE FORM

(Must be filled out by ALL campers) Sizes S ___ M ___ L ___ XL ___ (MEN'S SIZES)

Camper's Name _____ Age _____ Sex _____

Birth date _____ Address _____

City _____ State/Zip _____

Phone # _____

Home Church _____

Pastor _____ City _____ State/Zip _____

Are you taking any PRESCRIPTION MEDICATION? Yes ___ No ___

If yes, please specify

_____ (please report to the camp nurse for supervision)

Do you have any medical conditions which may limit your foods or activities?

What "over the counter" medications are you **NOT** allowed to take?

Ibuprofen ___ Tylenol ___ Benadryl ___ Aspirin _____

Tums _____ Other _____

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 send a copy of your INSURANCE CARD or DSHS COUPON with your registration packet)

If DSHS has HEALTHY OPTIONS send 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 and Date

*****IF YOUR FORM IS NOT POSTMARKED BY JULY 29, 2019 YOU WILL NOT HAVE A SPOT RESERVED FOR 2019 BOOT CAMP*****