

Registration For Camp Ba Yo Ca

For Boys and Girls, Ages 7 - 17

To enroll your child in camp, this form must be fully **completed**(please print), **signed, and returned** to the Baptist Office no later than **2 weeks prior** to the date your child attends camp. A **\$50.00 deposit** (non-refundable) is to be included with the registration form. The **balance of \$175.00** is due before your child attends camp.

Payment Method
 Check Number: _____ Check Amount: _____
 Cash: _____ Date: _____ Name: _____
 MC Visa Exp Date _____
 Credit Card # _____
 Email Address _____

Camper Name _____
 Age _____ Sex _____ Birthdate _____
 Address _____
 City _____ State _____ Zip _____

Circle Week to Attend		
Boys Weeks June 7-11 June 14-18	Boy's Sports Camp June 23-26 Boy's Outdoor Camp June 30-July 3	Girls Weeks July 5-9 July 12-16 July 19-23 July 26-30

Parent/Guardian _____ Home Phone _____ Cell/Work Phone _____

In case of emergency notify (Other than parent) _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Church _____ Pastor _____

Church _____ Amount being paid _____ Contact _____ Phone _____
 (Complete only if your church is paying part of your Camp Fee)

Request for Roommate: (Only one can be assured. Campers are grouped with others according to age.)

Name _____ Age _____ Church _____

Health Information, available from Health Department or personal physician, must be completed before your child can attend camp. To meet Tennessee Department of Public Health standards, the following immunizations are required and must be current:
Tetanus _____ (booster every 10 years after initial immunization) **Polio** _____ (at least 4 shots by kindergarten)

Is child subject to:				Serious Poisoning:					
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Frequent colds	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Ivy
<input type="checkbox"/>	Nosebleed	<input type="checkbox"/>	Abscessed ears	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Bee Sting Allergy	<input type="checkbox"/>	Oak
<input type="checkbox"/>	Earache	<input type="checkbox"/>	Stomach upsets	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	Bed-wetting	<input type="checkbox"/>	Sumac
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>		<input type="checkbox"/>	

List known allergies to medications and or foods: _____

List communicable skin eruptions or disease: _____

On a Separate Sheet of Paper: (1) list any medication to be taken by camper (this must be administered by the camp nurse),and **(2) explain any health problems we need to know about** such as crippling injury, polio, rheumatic fever, etc. Fully explain diet restrictions that are medically related, or any other information you feel is important.

List any activity restrictions: _____

List activities to encourage: _____

Emergency Treatment And Activities Permission

This health information and history is correct so far as I know, and the above named child has permission to engage in all prescribed camp activities except as noted by me. If I cannot be reached in an emergency I hereby give permission to the physician selected by the Camp Ba Yo Ca Director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the above named child. I understand that I am responsible for expenses incurred by sickness or injury not covered by camp insurance.

I also understand that my child will be traveling in authorized vehicles and taking part in certain classes and special activities outside the immediate camp areas. This may also include participation in Horseback Riding, Caving, Rappelling/Rock Climbing, Adventure Recreation, and Camp-out.

I understand that children may be photographed or filmed while participating in camping activities and that these photographs or film may be used in print or in other media to promote Camp Ba Yo Ca.

Date _____ Parent/Guardian _____

Special Activities

Rappelling and Rock Climbing Adventure Recreation Horseback Riding

Guidelines:

1. This permission slip must be signed by the parent in order for camper to participate.
2. Cost for each activity is to be paid by the camper at camp.
3. Participants must meet age requirements.

Please indicate the Special Activities in which you wish to participate (check all that apply).

Parents, please circle one: If camper chooses not to participate in a special activity after arriving at camp, money may be used at the amp Store. **Yes** **No**

_____	Rappelling and Rock Climbing	Ages 13 and older	\$15.00
_____	Rappelling Training Wall	Ages 12 and older	\$15.00
_____	Adventure Recreation/Traversing Wall	Ages 10 and older	\$5.00
_____	Horseback Riding	Ages 10 and older	\$15.00
_____	Aqua Tower “The Blob”	Ages 10 and older	\$15.00
_____	Campout	Ages 10 and older	No Cost

I give my child permission to participate in the selected Special Activities at camp. Although there are inherent risks involved, I understand that specialized instruction by trained supervision is provided and adequate safety precautions taken. **I also understand that under Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to the Tennessee Code Annotated, Title 44, Chapter 20.**

I understand that children may be photographed or filmed while participating in camping activities and that these photographs or film may be used in print or in other media to promote Camp Ba Yo Ca.

Name _____ Age _____ Birth Date _____

Parent's Signature _____ Date _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

