

2025 Summit Camp Student Registration

Camper Info:

Name: _____ D.O.B. _____ Grade (Fall 2025): _____

Address: _____

Shirt Size (circle one): YS YM YL AS AM AL AXL A2XL A3XL

Guardian Name: _____ Email: _____

Phone: _____ Address: _____

Emergency Contact Info:

Primary Name: _____ Phone: _____ Relationship: _____

Secondary Name: _____ Phone: _____ Relationship: _____

Health Info:

Food Allergies: _____

Tetanus Immunization: ☐ No ☐ Yes, date of most recent? _____

CDIB: ☐ No ☐ Yes, Tribal Nation _____ CDIB # _____

Medications: _____

Primary Care Physician Name: _____ Phone: _____

Regularly Attend Church: ☐ No ☐ Yes, where? _____

Please include copy of your camper's health insurance card (copies can be made in the church office)

*Note: Registration is not complete without required insurance information

(Continued on back)

Liability Release and Parental Consent:

As a parent/legal guardian of _____, I have reviewed the information about Summit Camp, and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of the release must return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by First Baptist Church, Green Country Camps, and Summit Camp and its agents during the events and activities.

I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency.

I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold First Baptist Church, Green Country Camps, Summit Camp, their leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

May we have permission to photograph your child? ☐ Yes ☐ No

May we have permission to use your child's photograph for the purpose of promotion? ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date Signed: _____