

# MEDICAL INFORMATION

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? If it is found that any of the above concerns or limitations have not been disclosed, we reserve the right to send the camper home without a refund.  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or dietary (food, medications, etc.) restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If camper has any medications with them, include any instructions necessary for the camp nurse.

## Contact Information

**Mother/Guardian:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact:** (other than parent/guardian)

**Contact Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Waiver

Medical Permission: In case of emergency, and in lieu of my availability, I hereby give permission for qualified medical personnel to give my child any medical care and treatments deemed necessary.

I undertake and agree to indemnify and hold blameless the Ministry Staff, Pinecrest Baptist Bible Camp and its Camp Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Pinecrest Baptist Bible Camp, as well as any medical treatment authorized by the supervising individuals representing the camp. This consent and authorization is effective only when participating in or traveling to events of Pinecrest Baptist Bible Camp.

\_\_\_\_\_  
Parent/Guardian Signature

# CAMP APPLICATION

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Affiliation (if any): \_\_\_\_\_

Boy  Girl Birthdate: \_\_\_\_\_

Age as of June 30: \_\_\_\_\_

Roommate Request: We do our best to accommodate roommate requests, but no guarantees are made.

I would like to share a cabin with:  
\_\_\_\_\_

How did you hear about camp: \_\_\_\_\_  
\_\_\_\_\_

**I DO NOT** give permission to have my child's photo and/or video taken at camp.

T-Shirt Size: \_\_\_\_\_

Check which camp you will be attending:

Scamper (6-8 Yrs.)\*  Teen Camp (14-17 Yrs.)

Junior 1 (9-10 Yrs)  Men's Retreat \*

Junior 2 (11-13 Yrs)

Amount Owing: \$ \_\_\_\_\_

Less: Early Bird Discount (By May 15) - \$20.00

**\* Early Bird Discount does not apply**

**TOTAL AMOUNT:** \$ \_\_\_\_\_