

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

Date

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, 2020: _____

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.

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: \$ _____

Donation: If you're willing to give toward our Ministry, you will be receipted for this portion \$ _____