



## 2017 Camper/Counselor Registration Form

6335 Swedetown Rd. N. | Theodore, AL, 36582 | 251-653-6542 | www.lbctheodore.com

Name \_\_\_\_\_ Male  Female   
Last First Middle

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Class of

Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Area Code & Phone Number

Parent's Name & Address (if different and camper is a minor) \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

*\*\*I agree to abide by ALL camp rules & dress code. I will be 'willing' and cooperative to comply in all areas. I understand violation to comply may result in dismissal from camp.*

Camper/Counselor Signature \_\_\_\_\_

## Medical Form

**PARENTS & COUNSELORS:** ALL INFORMATION MUST BE FILLED OUT TO COMPLETE REGISTRATION

Any medical allergies? (penicillin, etc) \_\_\_\_\_

Food allergies? \_\_\_\_\_ Skin diseases? \_\_\_\_\_

Any other pertinent information regarding: Heart \_\_\_\_\_ Throat \_\_\_\_\_

Lungs \_\_\_\_\_ Ears \_\_\_\_\_ Other \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Parent's insurance company \_\_\_\_\_

ID Number \_\_\_\_\_ Insurance company's address \_\_\_\_\_

In case of accident or other emergency, I hereby grant my permission to have the camp staff authorize medical attention by a physician or admit camper to hospital if necessary. I do not hold Lighthouse Baptist Church, Gulf Coast Baptist Camp, or any other staff responsible for any accident or injury that should occur. (The camp staff will notify you immediately of any such occurrence.)

Parent / Guardian's Signature \_\_\_\_\_  
Signed Printed Dated