



2018 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