



PARTICIPANT FORM

**** Bring TWO copies of this form to registration. One copy will be kept in the Caswell Reception Center, and one copy will be kept by the church. Attach a photocopy of insurance forms or cards to the set that stays with the church.****

Participant name: _____ Grade in the fall: _____ Age: _____

Date of birth: ____/____/____ Gender: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

Name of church: _____

Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, notify: _____

Relationship to participant: _____

Home phone: _____ Work phone: _____ Mobile: _____

Medical Profile

Generally, the participant's health is (CHECK ONE): _____ Excellent _____ Good _____ Fair _____ Poor

If fair or poor, please explain the participant's condition:

List any medical difficulties for which the participant is being treated:

Check any of the following that cause the participant problems and explain:

- ☐ Asthma ☐ Sinusitis ☐ Bronchitis ☐ Kidney trouble ☐ Hay fever
☐ Heart trouble ☐ Diabetes ☐ Dizziness ☐ Upset stomach



List any medicines or substances to which the participant is allergic:

List any previous operations or serious illnesses:

List any medications the participant takes:

List any special diets or needs:

Check any of the following childhood diseases the participant has had:

☐ Chickenpox ☐ Measles ☐ Whooping cough ☐ Mumps

Date of last tetanus immunization: ____ / ____ / ____

Family physician: _____ Phone number: _____

Insurance company: _____ Phone number: _____

Subscriber name: _____ Subscriber number: _____

Place of employment: _____ Phone number: _____

Subscriber occupation: _____

Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge the Baptist State Convention of North Carolina (BSCNC), camp or event sponsor, or state conventions and their employees from any and all claims, demands, actions or causes of action, past, present or future, arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify the BSCNC of any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by the BSCNC.

Complete and sign below (youth under 18 years of age require parent/legal guardian signature)

Participant signature: _____ Date: ____ / ____ / ____

Parent/Legal Guardian signature: _____ Date: ____ / ____ / ____