

2024 Camp Baldwin Summer Camp Registration Form

Camper's Name: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____

Father's Name: _____

Cell # _____ Work # _____

Mother: _____

Cell # _____ Work # _____

Guardian's Name - if different from above: _____

Cell # _____

Preferred Email Address(es): _____

Emergency Contact (other than above): _____

Relationship: _____

Emergency Phone: _____

T-shirt Size (Check One) _____ Youth S _____ Youth M _____ Youth L
_____ Adult S _____ Adult M _____ Adult L _____ Adult XL _____ Adult XXL

My child's image may be used on Perdido Bay United Methodist Church social media sites. (check one) Yes ___ No ___

PARENT/GUARDIAN'S AUTHORIZATION: I give permission for my child to participate in the indicated camp. I understand that NO ELECTRONIC DEVICES, including cell phones, are allowed on this trip, as well as any food or candy sent from home.

Signature of Parent/Guardian _____

Date _____

Circle One:

Male Female

Current Grade: _____

Date of Birth: _____

PLEASE complete Medical Information Page on back of this form

MEDICAL INFORMATION

Insurance Information: **PLEASE attach a photocopy of the front and back of your medical insurance card and return it with this form.**

Camper's Primary Care Physician:

Physician Phone: _____

ALLERGIES: (list all known; use extra paper if needed)

Medical allergies:

Food allergies/restrictions:

Other allergies or Physical, Emotional or Behavior Concerns:

_____ This camper takes NO medications on a routine basis.

_____ This camper takes medications as follows:

MEDICATION, DOSAGE, TIMES TAKEN EACH DAY, REASON FOR TAKING

Permission to administer Over The Counter Medicines (OTC) if necessary; i.e, Tylenol, Advil, Aleve, Benadryl, Cough Drops, Pepto Bismol, Tums, _____,

_____, _____.

Please circle the above or add OTC medicines you give us permission to administer.

Parent/Guardian Authorizations:

- **I give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment for my child.**

Signature of Parent/Guardian:

Printed Name: _____

Date: _____



Camp Baldwin Liability Release Form

To be completed by all camp guests regardless of age

Name _____ Group Name _____

Camp Dates _____ Group Leader Name _____

This form must be completed by all participants who take part in any activities, outings, or services offered by, or at the facilities of, Camp Baldwin. If a participant is under 19, both the participant and the participant's guardian must complete this release. The participant and guardian, if applicable, must sign this release in the presence of one witness. No participant will be permitted to attend any outing or activity at Camp Baldwin until this release has been completed.

Waiver and Release from Liability

_____, the participant, and his/her guardian, if applicable, understand that he/she will be taking part in a camp or retreat at Camp Baldwin, including activities such as, but not limited to, swimming, boating, challenge course, camp fires, hiking trails, games, and recreation, and these activities can be demanding and quite different from everyday events. In signing this release the participant and his/her guardian, understand the full appreciation of any risks, hazards, or dangers inherent in participation in recreation and the general activity of being at Camp Baldwin, including unforeseen forces of nature, encounters with wildlife, camp activity participation any of which could result in injury/illness that could result in loss of life, limb, and/or property. I do hereby agree to assume all of the risks and responsibilities surrounding attendance in any event held at Camp Baldwin. Therefore, the participant and guardian, if applicable, do for themselves, their heirs and personal representative, agree to defend, hold harmless, and indemnify, release and forever discharge Camp Baldwin, as well as associated or employees of Camp Baldwin, including the Camp Director, Camp Families, Baldwin Baptist Association, etc. against any and all claims, demands, and actions or causes of action on account of, or resulting from attendance at Camp Baldwin which may result and cause beyond the control of, and without the fault or negligence of Camp Baldwin and its employees and all associates during the period of participation as for stated.

Participant and guardian understand that Camp Baldwin, as well as all employees and associates, including spouses of employees, officers, directors, agents, shareholders, and servants assume and accept no liability for personal injury, loss of life, theft or damage to personal property.

See Reverse Side

Medical Emergency:

In the event of a medical emergency, I understand that the church’s group leader, not Camp Baldwin, will be responsible for medical care of all attendees. I release Camp Baldwin from any and all liability related to medical treatment. In addition I assume the risk and financial responsibility for any injury resulting during a retreat or camp at Camp Baldwin. I understand that Camp Baldwin does provide American Red Cross Certified Lifeguards at pool and lake activities during scheduled activity times and, in the event of an emergency, lifeguards will act according to their training.

Property Loss:

Participant, and guardian, understand and agree that Camp Baldwin is not responsible for personal property that is lost, damaged, or stolen while in attendance at Camp Baldwin.

Photo/Video Release:

I grant Camp Baldwin the absolute right to copyright, reuse, publish, and republish by any medium, including electronically, any photos and videos of myself, or my child, or in which they may be included, that may be taken while in attendance at Camp Baldwin.

I represent and acknowledge that I have completely read and understand this document and all its terms and matters referred to herein. I understand the group I, or my child, is in attendance with, will have chaperones responsible for the care and monitoring of me or my child during this event. By signing this I acknowledge that I, no member of my family, or other representatives, release and hold harmless Camp Baldwin and associates. I have read and understand the rules and expectations as put out by Camp Baldwin and my group in accordance with attendance at an event on Camp Baldwin property.

Printed Participant Name_____

Participants Signature_____ Date_____

Parent or Legal Guardian Signature _____ Date_____
(if participant under age 19)

Witness Printed Name_____

Witness Signature_____ Date_____