



**DON'T FORGET**  
**to circle T-Shirt Size**

NOTE: Deposit, Horses, Total & Bal. Due will be filled in by Office

T-Shirt Size: (Circle One) Youth S M L Adult S M L XL 2X 3X	1. Deposit: \$	2. Horses \$	TOTAL (1+2) \$	Bal. Due \$
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JUDSON BAPTIST RETREAT CENTER, 10330 Peterson Road, St. Francisville, LA 70775

<b>CAMPER INFORMATION 2011</b>	<b>Week Attending Camp:</b>
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Parents, please complete this form and return it to your child's leader as he/she must have it to turn in with registration form. Thank you!

Camper's Name	Sex:	Date of Birth:	Age:	Grade
Name of one (1) Bunkmate:				
Camper's Address:		City:	ST:	Zip:
Father's Name:		Mother's Name:		
Church Camper Attends:		Home Phone:		
Is Camper a Christian?		Is Camper a Church Member?		
Are Parents Christians? Mother          Father		Can Camper Swim? Yes          No          (Check one)		
Any restrictions pertaining to water activities?				
I give my permission for my child(ren) to be photographed while attending Judson Baptist Retreat Center camps. The photos may be used in future JBRC photo exhibits, annual reports or portfolios, which may be used to publicize Judson Baptist Retreat Center activities. <b>Parent Signature:</b>				

**ACKNOWLEDGEMENT AND HOLD HARMLESS**

I understand that ponies, mules, donkeys and other equine behave in ways that may result in injury, harm, or death to persons around them. I have read, and I understand, the "Warning" set forth below. I acknowledge that I have voluntarily assumed all risks of injury, harm, or death associated with horseback riding and other equine activities at Judson Baptist Retreat Center. I agree to hold harmless Judson Baptist Retreat Center, and its employees, officers, representatives and insurers from all damages, losses, expenses and costs resulting from any injury, harm or death associated with my participation in horseback riding or other equine activities.

DATE: \_\_\_\_\_  
Signature of Participant In Equine Activities (Camper's Signature)

\_\_\_\_\_  
Parent Signature if under 18 years of age

**"WARNING"**

Under Louisiana law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to R. S. 9:2795.1

**There is a 250 lb. weight limit for participating in the Equestrian Program at Judson Baptist Retreat Center.**

<b>Emergency Contact Numbers:</b>	
Father's Work# _____	Father's Cell# _____
Mother's Work# _____	Mother's Cell# _____
Other Contact Name _____	Phone # _____
Parent's E-Mail Address: _____	

\*\*\*\*\*Parent or Guardian must also fill out Camper Medical Form\*\*\*\*\*

**NOTE:**

**BOYS' Mission Camp - June 13-17, 2011**

**GIRLS' Mission Camp - July 4-8, 2011**

## Judson Baptist Retreat Center Camper Medical Information Form 2011

Camper Name: \_\_\_\_\_ Church: \_\_\_\_\_

**LICE NOTICE:** Please be aware that campers will not be allowed to stay at camp if they have lice nits in their hair. If your child has been treated for lice prior to attending camp, please make sure they are nit-free before arriving at camp. This new policy will ensure that your camper is not embarrassed at camp.

### MEDICAL INFORMATION

Is camper subject to fainting? Yes No (check one)	Sleepwalking? Yes No (check one)
Heart trouble? Yes No	Allergic to insect stings? Yes No
Tetanus shot? Yes No When?	Allergies? Yes No What?
Drug reactions? Yes No	To What drugs?
Description of reaction:	
Has Camper had or have any significant diseases(as rheumatic fever, asthma, kidney infections, etc.)? Yes No If so, what diseases?	
Is camper taking any medications? Yes No What?	

**\*\*ALL MEDICINE MUST BE IN ORIGINAL PRESCRIPTION BOTTLES WITH CHILD'S NAME AND DOSAGE CLEARLY MARKED IN ONE ZIP LOCK BAG.** Does camper have any physical or mental handicaps which would greatly hinder him/her from entering into the full camping program of study and recreation? \_\_\_\_\_ If so, please cancel reservation. The camp cannot assume responsibility for such campers.

**I agree not to permit applicant to go to camp if he/she has been exposed to any contagious or infectious disease during three weeks prior to the opening day of camp.** I agree to assume the obligation of doctor's bill, telephone calls, or any other expense relating to an emergency not covered by the camp's insurance plan.

I agree to let camper have medical treatment recommended by camp nurse and/or doctor selected by camp.

\_\_\_\_\_ may be given  
(Camper's Name)

\_\_\_\_\_ Tylenol - Dosage (Adult or Child)\_\_\_\_

\_\_\_\_\_ Benadryl – Dosage (Adult or Child) without notifying me.

Signature(Parent or Guardian) \_\_\_\_\_ Phone# \_\_\_\_\_

**Parents,**

**You must fill out this form and seal it in an envelope with your camper's name and church on the outside of the envelope. This form will be seen only by our camp nurse and any other staff that needs to know your child's medical information.**

\*\*\*\*\*Please do not send OTC medicine, we provide it as needed.\*\*\*\*\*

**Emergency contact information only needs to be filled out on Camper Information Form.**

**CHILDREN'S MINISTRY of COMITE BAPTIST CHURCH**  
12250 Greenwell Springs Road • Baton Rouge, LA 70814 • 225-275-3382

**PARENTAL CONSENT FORM/PERMISSION SLIP FOR 2011 MISSION CAMP**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother's Work Phone #: \_\_\_\_\_ Mother's Cell Phone #: \_\_\_\_\_

Father's Work Phone #: \_\_\_\_\_ Father's Cell Phone #: \_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to attend the **2011 Mission Camp at Judson Baptist Retreat Center** an event sponsored by the **Children's Ministry of Comite Baptist Church**. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and any hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned child pursuant to this authorization. The undersigned further agrees that all chaperones, sponsors, hosts, students, and/or Comite Baptist Church are not liable or responsible for any personal injury and/or accidents which might occur.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the **Children's Ministry of Comite Baptist Church**.

Physician's Name & Phone Number: \_\_\_\_\_

Participant \_\_\_\_\_ Date \_\_\_\_\_

Hospital Insurance?  Yes  No

Father \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Emergency Names & Phone Numbers: \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: on the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.**

**\*\*\*We MUST have this form signed and returned in order for your child to participate.**