



Camp Application

2021

Registration deadline is June 1, 2021

Check which camp applying for:

Cost \$50.

_____ **Camp Discovery**, June 28-30 For boys and girls **ages 5-7**.

_____ **Camp Believe Girls Camp**, June 7-9 2021. For girls who have completed 2-6th grade.

_____ **Camp Connect Boys Camp**, June 21-23 2021. For boys who have completed 2-6th grade.

1. Bus Transportation to Camp Houston will be depart promptly at 8:00 a.m. from First Baptist Day Care Parking lot.
2. Camp is 8:30 a.m. - 4:30 p.m.
2. Children/Youth need only to bring a swimsuit, towel and sun screen.
3. Children should not bring cell phones or other electronic devices.



Camper Name _____ Female Male

Address _____

Date of birth _____ Age _____ Church Camper attends _____

Has Camper accepted Christ as Savior? YES NO Has Camper been baptized? YES NO

Is Camper a swimmer? YES NO Does Camper have permission to swim? YES NO

Circle Camper's t-shirt size: 4-5 6-8 10-12 14-16 A-S A-M A-L A-XL A-2XL

List any allergies (including food allergies) Camper may have _____

Camper's parent or guardian _____

Address (if different than Camper) _____

Home phone _____ Cell phone _____ Work phone _____

Email _____

Person to call if parent/guardian cannot be reached _____ Phone _____

As parent/guardian of the camper, my signature below certifies that I have read and understand the camp parent information sheet and that I give permission for my child to be in camp photos.

Signature _____ Date _____

_____ **Check here if your child will be riding the bus.**

Make checks payable to Houston Baptist Association and mail with this completed and signed application and signed medical release form to HBA, PO Box 1274, Cordele, GA 31010.

For HBA use only:

Amount \$ _____ Cash _____ Check _____ Date received _____ Cabin assigned _____



Medical Release Form

Camper's Name _____

Parent/Legal Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency contact person (someone to call if parent/guardian cannot be reached) _____

Relationship _____ Phone _____

Camper's physician and phone _____

List all allergies to food and medications _____

List all medications camper is currently on _____

Is there any additional medical information we should know about your child? _____

Please read and sign the following consent statement:

I acknowledge that my child's experience in the Camp Houston Children's Camp will be outdoors, often in direct sun with minimal shade, and around wooded areas. I understand there is a chance of my child coming into contact with the following hazards including (but not limited to) ants, mosquitos, ticks, chiggers, poison ivy/oak and bees. I further acknowledge that Camp Houston and its staff are not responsible for any bug bites, sunburns or possible illnesses including COVID-19 that my result from my child participating in activities. My signature below authorizes the staff at Camp Houston to request emergency treatment for my child if the situation warrants and I am unable to be contacted.

Parent/Guardian's name printed

Parent/Guardian's signature

Date