

Youth Winter Retreat

Youth Name _____ Female Male

Address _____

Date of birth _____ Age _____ Grade completed as of 6-1-2018 _____

Church Youth attends _____

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

List any allergies (including food allergies) _____

Youth's parent or guardian _____

Address (if different than Youth) _____

Home phone _____ Cell phone _____ Work phone _____

Email _____

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

Please make sure that your youth brings the following:

- Sheets/Blanket or Sleeping Bag
- Pillow
- Towels, Washcloths and other Toiletries
- Modest Clothes & Pajamas
- Bible, Notebook, Pen/Pencil

NO CELL PHONES ALLOWED

As parent/guardian, my signature below certifies that I have read and understand the camp parent information sheet.

Signature _____ Date _____

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 _____

Youth Medical Release Form

Youth'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 _____

Youth's physician and phone _____

List all allergies to food and medications _____

List all medications youth is currently on _____

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

Please read and sign the following consent statement:

I hereby agree that I will not hold the Houston Baptist Association, its leadership or volunteers serving on its behalf liable in case of accident, injury or loss or damage of property in connection with this activity. In addition, if I cannot be contacted I give my permission to authorize any emergency medical care that may appear necessary.

Parent/Guardian's name printed

Parent/Guardian's signature

Date