



## YOUTH REGISTRATION

Name: \_\_\_\_\_ Male  Female  Adult Sponsor

Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade this fall: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

ChurchName: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church phone: \_\_\_\_\_ Church email address: \_\_\_\_\_

Youth Pastor's Name: \_\_\_\_\_ Youth Pastor's Cell Phone: \_\_\_\_\_

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

Physician's address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list and explain any medical conditions and/or allergies: \_\_\_\_\_

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Current Daily Medications: \_\_\_\_\_

Please complete the following insurance coverage information or attach a photocopy of the card's front and back:

Name of insurance company: \_\_\_\_\_ Camper's Social Security Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Social Security Number: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

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

I give my consent for the above name camper to attend Lake Texoma Baptist Youth Camp and Conference Center. My child may participate in all camp activities. Photograph images and videos of participants in camp actives may be used in official Lake Texoma Baptist Youth Camp promotional literature. I/We will not hold the organization, Joshua Baptist Church, or their sponsors liable in case of sickness, injury, or loss of property. I/We give consent for our child to receive emergency medical treatment if necessary. We also agree to abide by all camp rules and regulations.

The above named caregiver shall be authorized to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic test, etc.), for the above named child, which may be required during the above named child's stay at camp. This consent serves as permission for treatment by any medical facility that Lake Texoma Baptist Youth Camp, Joshua Baptist Church, and its counselors deem proper and necessary.

**Note:** Consents are not required in emergency situations; I agree to pay for all services provided to my camper while they are at camp.

**Authorization to Dispense Prescription Medicine** (all medications must be in original prescription bottles and dispensed by Camp Medical Staff)

I authorize the medical staff of Lake Texoma Baptist Youth Camp to dispense the following prescription medicines:

Prescription Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Prescription Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Prescription Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

**Authorization for Emergency Care**

I hereby authorize any physician licensed to practice in the State of Texas, and medical staff at Lake Texoma Baptist Youth Camp to provide emergency medical care and give medication to the above named camper. Any medical expenses incurred will be the responsibility of the Parent or Guardian. The camp does not provide insurance.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name and Relationship to Camper: \_\_\_\_\_

A ministry of Temple Baptist Church - Clarence Sexton, Pastor  
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Email: [laketexomabaptist@gmail.com](mailto:laketexomabaptist@gmail.com)

Camper T-Shirt Size:      S      M      L      XL      2XL