

CAMP REGISTRATION 2016 - BBA YOUTH

EVENT: _____ DATE OF EVENT: _____

Some functions may not work if not using Acrobat Reader DC. INCOMPLETE FORMS NOT ACCEPTED

Participant's Name: _____ Male Female Age Now: _____

Date of Birth: _____ Grade Completed by June 30, 2016: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Participant's Email (OPTIONAL): _____ Church Name: _____

Please choose T-Shirt Size (not provided at all events)

Y-S (6-8) Y-M (10-12) A-S (34-36) A-M (38-40) A-L (42-44) A-XL (46-48) A-XXL (50-52)

ALL SIGNATURES BELOW ARE REQUIRED

PARTICIPANT	<p>Covenant of Conduct I agree that as a participant in a Bluebonnet Area of the CCSW event, I am expected to follow certain standards which promote a healthy event experience for all. In keeping with these standards, I will not bring alcohol, illegal drugs, fireworks or firearms to the event, nor will I engage in hazing, verbal or physical abuse, or inappropriate sexual behavior. I understand if I fail to comply with the above I will be sent home from the event and my parents/guardians, minister and/or youth minister will be called.</p> <p>I will not intentionally cause the destruction or abuse of facilities and property. I will not bring tobacco products of any kind. I will not change my physical appearance while at the event. I will not bring any items which might interfere with the purpose of the event (electronic devices, stereos, skates, skateboards, scooters). I understand that use of personal music devices with headphones will be restricted to sleeping areas. I am aware that the event will be providing my meals and that it is not necessary to bring any personal food items and that food is not allowed in sleeping areas. I agree to follow the daily schedule arranged for the event at all times. I understand that I will not ride in a motor vehicle while at the event (except for a scheduled event activity) and that participant's vehicle keys and cell phones will be given to the director upon arrival. At no time will I leave the event site. I understand that there will be no visitors allowed (including family) while this event is in progress and there will be no visitation in rooms designated for the opposite sex.</p> <p>If I should not act in accordance with this covenant while attending a BBA event, I realize I may be disciplined at the director's discretion. My parents/guardians and my minister will be notified. By my signature on the registration form for this event, I am indicating that I have read and accept this covenant with the expectation of an experience which leads to my own spiritual growth and enjoyment.</p> <p><i>If you wish to use an electronic signature, it must be a verified signature (Adobe). Otherwise, print the form and sign it by hand.</i></p> <p style="text-align: right;">_____ Signature of Participant</p>
PARENT / GUARDIAN	<p>I hereby acknowledge that my child has accepted the responsibility of honoring the Covenant of Conduct. I also acknowledge that I have read and understand the Covenant and agree to abide by it. I understand if my child is sent home, it is my responsibility to come to the event and pick him/her up immediately.</p> <p>In case of medical emergency, the BBA attempts to secure the best medical care available. I hereby give permission to the physician selected by the Event Director to hospitalize, secure proper treatment for, and to order injections, anesthesia and/or surgery for my child. I release the Bluebonnet Area of the CCSW and its agents from liability for injuries to my child and agree to be responsible for expenses beyond the limits of the health and accident insurance provided for in the fees.</p> <p>Photographs of your child may appear on websites or in print unless you check "No" in the following box NO <input type="checkbox"/></p> <p>I am aware there may be available for my child a high ropes (zipline) course (for those over 14 years of age). I do <input type="checkbox"/> do not give my permission for him/her to participate.</p> <p><i>If you wish to use an electronic signature, it must be a verified signature (Adobe). Otherwise, print the form and sign it by hand.</i></p> <p style="text-align: right;">_____ Signature of Parent/Guardian</p>

FOR BBA OFFICE USE ONLY:

DATE RECEIVED: _____ APPLICATION: _____ PASTOR REC: _____ BACKGROUND CHECK _____

Mail or Email to the Bluebonnet Area office at bba@ccsw.org and to your church office. (Mailing address at bottom.) Use the "save as" function to rename. Save a copy for your files. Registrations will not be accepted by phone or fax.

EVENT: _____ Participant's Name: _____

EMERGENCY CONTACT INFORMATION

Father/Guardian: _____ Hm Phone: _____

Email: _____ Cell Phone: _____

Mother/Guardian: _____ Hm Phone: _____

Email: _____ Cell Phone: _____

MEDICAL INFORMATION – (See Page 1 for Medical Release Signature)

Insured's Name: _____

Medical Ins. Co. _____ Policy # / Grp # _____

Drug Ins. Co. _____ Policy # / Grp # _____

A physical exam is not required, but highly recommended. This is especially true if you have questions concerning your child's health and activities at this event. Please complete all medical questions on this form. Participants will be covered by insurance for each event.

Prescription Medications: RX Name / Amount / Frequency			
Participant uses: <input type="checkbox"/> epinephrine injectors <input type="checkbox"/> inhalers <input type="checkbox"/> insulin injections <i>All must be in original prescribed packaging.</i>			
Over-the-Counter Medications: Name / Amount / Frequency			
<i>Please make sure that a participant who must receive medication during camp brings a sufficient quantity of the medication with him/her and that the medication arrives in the original container with dosage and storage instructions. Participants who take medication for psychological or attention disorders need their medication for a good event experience. Please send such medication with the participant unless otherwise directed by a health care professional.</i>			
Recent Hospitalization (Reason)			
Allergies		Type of Reaction	
Date of Last Tetanus Shot		Dietary Restrictions	
Physical Limitations/Restrictions			
Conditions, concerns, or information of which we should be aware?			
Recent injuries, surgeries, or chronic issues with joints or spine?			
YES NO			
If yes, explain:			
CHECK THE CONDITIONS WHICH THE PARTICIPANT HAS HAD OR IS NOW SUBJECT TO:			
<i>Please provide additional information for any checked items. Attach additional pages as needed.</i>			
<input type="checkbox"/>	ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heat Stress
<input type="checkbox"/>	Appendicitis	<input type="checkbox"/> Fainting	<input type="checkbox"/> Recent Illness
<input type="checkbox"/>	Asthma	<input type="checkbox"/> Hernia	<input type="checkbox"/> Recent Exposure to Contagious Disease
<input type="checkbox"/>	Bed wetting	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/>	Convulsions	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Other:
<input type="checkbox"/>	Chronic Infection	<input type="checkbox"/> Heart Problems	

Make checks and other forms of payment payable to your church and return to them. The church will send fee payment to:

Bluebonnet Area-CCSW
210.822.4345
1214 Colima St., San Antonio, TX 78207