

Faith Baptist Youth Camp
Adult Registration and Release Form (18 & up)

615 Denas Cove Rd, Ragland, AL 35131
Camp Phone (205) 472-2155

Personal Information:

Camp Dates: _____
Adult's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____
Cell Phone: _____ Email: _____
Church: _____ Pastor: _____

Emergency Contact:

Name: _____ Relationship: _____
Phone: _____

Medical Information:

Medications Regularly Taken: _____
Allergies/Medical Conditions: _____
Treatment Giver: _____
Restricted Activities (if any): _____
Date of last Tetanus Injection: _____

Camp Activities include but are not limited to Basketball, Dodgeball, Softball, Kickball, Volleyball, Swimming, Boating, Canoeing, Kayaking, Paddle Boating, Ping Pong, Foosball, and Air Hockey.

Medical Emergency Authorization:

In the event of a medical emergency, I authorize Faith Baptist Youth Camp, its staff, volunteers, agents, and any licensed physician, hospital, or medical facility selected by the camp to provide or secure medical treatment deemed necessary for my health and safety. This authorization includes emergency transportation, examination, treatment, hospitalization, surgery, anesthesia, and other medical procedures as recommended by qualified medical personnel. I understand that reasonable efforts will be made to contact my designated emergency contact before treatment is administered when circumstances permit. However, I acknowledge that emergency medical treatment may be necessary before contact can be made. I agree to assume responsibility for any medical expenses incurred as a result of treatment provided on my behalf.

Assumption of Risk and Liability Release:

I understand that participation in camp activities involves inherent risks. I voluntarily assume these risks and agree to release and hold harmless Faith Baptist Youth Camp, its sponsoring churches, staff, volunteers, and representatives from liability arising from my participation. I certify that I am in good physical condition and able to participate in the entire camping program other than the activities listed as "restricted."

Photo and Media Release:

I grant permission to Faith Baptist Youth Camp to use photographs, video recordings, and audio recordings of me for ministry, website, and publication purposes without compensation.

Certification:

I have read and agree to the Medical Emergency Authorization, Assumption of Risk and Liability Release, and Photo and Media Release, and sign this authorization and release freely and voluntarily without any inducement.

I have read the Rules and Dress Code and agree to abide by them.

Adult Participant Signature: _____
Date: _____