

TCBA Staff/Adult Registration and Medical Release Form
TCMT , DAY, BOYS' OR GIRLS' CAMP (CIRCLE CAMPS ATTENDING)

T-Shirt Adult Sizes (circle one): Small Medium Large XL 2XL 3XL

Pre-register by June 13 to guarantee t-shirt!

Name _____ DOB _____

Address _____ Phone _____

City _____ State _____ Zip _____

Church _____ Church Phone _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____ Relationship _____

INSURANCE INFORMATION:

Policy Holder's Name _____

Company _____

Group # _____ Phone # _____

MEDICAL HISTORY/ALLERGIES

List Any Allergies: _____

Asthma yes or no If yes, list asthma medication: _____

Diabetes yes or no If yes, list diabetic medication: _____

Heart Trouble yes or no Fainting Spells yes or no Convulsions yes or no

Immunizations up to date? yes or no Date of last tetanus shot _____

List any other conditions: _____

MEDICAL RELEASE

I will be participating in TCBA _____ Camp on _____.

I release the Texas Co. Baptist Association and all of its agents and volunteers from any liability, and therefore assume financial and legal responsibility that may arise in connection with medical treatment. I further release the organization, its agents and volunteers, from liability for any injury, loss or damage which I may suffer arising out of camp activities.

Signature _____

Date _____

ANY PERSON AGE 18 OR OLDER INVOLVED WITH SUPERVISION OR CUSTODY OF MINORS MUST COMPLETE A CONFIDENTIAL VOLUNTEER APPLICATION AND SIGN A RELEASE INFORMATION FORM FOR BACKGROUND CHECK.

Office use: Background Verified _____ (Date)