

Texas County Mission Team (TCMT)
Participant Registration and Release Form

Simmons Baptist Camp (Operated by Texas Co. Baptist Association)
168 N. Sam Houston Blvd, Houston, MO 65483
Office Phone 417.967.2015 Email: tcba@centurytel.net Website: tcba.site

T-shirt Adult Size (circle one): Small Medium Large XL 2XL 3XL
Pre-register by June 13 to guarantee t-shirt!

Name: _____ Church _____

Address: _____ City _____ Zip _____

Birth Date: _____ Age: _____ Gender Male Female

Name of Parent or Guardian: _____ Ph # _____

Emergency Contact (other than parent): _____

Relationship: _____ Phone: _____

<p>I certify that I am aware of the inherent risks associated with participating in camp activities and residing on camp property to my child. I give my child permission to participate in all organized camp activities.</p> <p>I agree to be financially responsible for any damage or destruction to camp property, including, but not limited to acts of graffiti by my child. I agree that in the event my child becomes a discipline problem, child will be sent home at my expense and will forfeit all monies paid.</p> <p>In consideration for Simmons Camp agreeing to accept the above-named individual as a camper, I/We further agree to release and hold harmless Texas County Baptist Association, Simmons Camp, its trustees, Camp Manager, employees for any injury, harm or other damage by any occurrence in connection with my child's participation in any form or fashion at the camp. I further agree to release and hold harmless TCBA, Simmons Camp, Camp Manager, trustees, employees from any claim by me or my family, estate, heirs or assigns out of my child's participation in activities at Simmons Baptist Camp.</p> <p>I/We authorize medical and surgical treatment or hospital care to be rendered by my child as needed in the judgment of the treating physician chosen by the Camp Director or adult leader. I/We authorize the Simmons Camp first aid staff or nurse to administer medications as prescribed and programmed on the Dosage/Time Chart Forms.</p> <p>I/We understand that only limited secondary accident and illness coverage is provided by Simmons Camp for off property health care needs through Doctor Office visits, hospital emergency room or ambulance service. I/We shall be liable and agree to pay all costs and associated Expenses incurred in connection with such medical and dental services rendered to my child.</p> <p>I, the parent or legal guardian consent and authorize to display pictures of my child in promotion of publications of Texas County Baptist Association and Simmons Baptist Camp.</p> <p><i>Signature of Parent/Guardian</i> _____ <i>Date</i> _____</p>

To be completed by Notary Public:

<p>Personally known by me and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal dated this ____ day of _____ Year _____ State of _____ County of _____</p> <p>Signature Notary Public _____</p> <p>My Commission Expires on: _____ (Seal) _____</p>

Registration and release form, health form, a copy of insurance card, and \$90 camp fee due by 6/13/22.

This form must be completed properly and notarized to be accepted.

TCMT Camper Health Form

CAMPER NAME: _____ **DATE OF BIRTH** _____

PARENT/GUARDIAN NAME: _____ **CHURCH** _____

CONTACT PHONE #: _____

CAMPER HEALTH CARE INFORMATION

All prescription and non-prescription medications must be kept with the camp staff for administration in accordance with the physician's prescription and parent's instructions listed on the form. With the exception of prescription inhalers, campers are not allowed to keep or self-administer any medications. If your child requires prescription or non-prescription medications while at camp, please complete the Medication Chart.

PERSONAL/FAMILY CARE INFORMATION

Primary Care Physician _____ Phone # _____

Name of Insurance Co. _____

Group # _____ Phone # _____

MEDICAL HISTORY/ALLERGIES

List Any Allergies: _____

Is your child allowed to Swim? Yes or No (**Circle one**)

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: _____

Medication	Dose	Time	Reason for Taking

NOTE: Prescription medications must be in **ORIGINAL CONTAINERS** with prescription labels. Please place medications and a copy of this page in a **one quart zip lock bag** and turn in at registration.