

Reynolds County Baptist Association
Children's Camp 2022
ADULT Registration

Camper's Name: _____ Camper's Church: _____

Male/Female: _____ T-Shirt Size: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Emergency and Medical Information

Emergency Contact: Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Date of last Tetanus Shot: _____

Allergies, Physical Conditions or Known Communicable Diseases which might affect camp activities or first aid treatment: _____

Daily Medications? _____

** All daily medications must be turned into the camp nurse **

Medical Insurance Company: _____

Policy Number: _____ Policy Holder: _____

Adult Camper's Pledge

I pledge to be cooperative with all camp authorities, and to abide by the rules and instructions given to me. I understand that failure to abide by this pledge may lead to my dismissal from camp. I also agree to appear in photo and video productions of myself, which may or may not be used for camp promotion and may be displayed in a digital file, on a website or on a social media platform. All campers are responsible for their own personal items. I understand that South Missouri Baptist Assembly, Reynolds County Baptist Association, nor the church with whom I attend camp are responsible for lost or stolen items.

Signature of Camper: _____ Date: _____