Backwoods Christian Camp Web Page Application

Year: 20____
Name_____
(Last) (First) (M)
Age:_____ Sex:_____ Grade in Fall:_____
Address:_____
(Number & Street)
_____
(City) (State) (Zip)
Home#:_____Cell:_____
Parent's Work#_____
E-mail (parent)_____
E-mail (camper)_____
Health Insur. Provider:_____
Policy#_____Group#_____

Session Attending
(Circle one)
1st Session
2nd (Teen) Session
June Bug
3rd Session
4th Session
5th Session
6th Session
7th (Jr.) Session
8th Session
Ladies Retreat
Adult Retreat
Final Fall Fling

Special note: Due to liability and health issues, all regularly prescribed medications (i.e. ADHD medication) must be brought in it's original container with the camper upon registration and given to the camp nurse. If not done, the camper will not be able to stay. Please list any allergies, hyper sensitivity reactions, or other health problems:

_____
_____
_____
_____

(If specific medical instructions must be followed for the camper, fill out the nurse's form at camp registration. If you will not be accompanying your child to camp, please write this information on a separate piece of paper and attach it to this form.)

AGREEMENT WITH PARENT OR LEGAL GUARDIAN:

It is necessary for parents to assume responsibility for the applicant. Below is a legal agreement for this purpose. Your signature is required before we can allow your son/daughter to attend BCC.

In consideration of the acceptance of the named applicant, we, the undersigned parents, parent, or guardian, as the case may be, covenant and agree with Backwoods Christian Camp, that we will at all times hereafter indemnify, keep indemnified, and save harmless the said Backwoods Christian Camp, from all actions, proceedings, claims, demands, costs, damages, and expenses, which may be brought against or claimed from Backwoods Christian Camp, or which I may pay, sustain, or incur as a result of illness, accident or misadventure to the named applicant, during the period that said applicant is a participant at Backwoods Christian Camp.

In submitting this signed application, the camper and parent(s) (or legal guardian) agree to cooperate with the rules of the camp. Disregard for the regulations could result in the camper being sent home.

I have read the entire brochure and application, and I agree to abide by camp rules as stated herein. I hereby authorize Backwoods Christian Camp and its duly appointed agents to consent to any and all emergency medical treatment on behalf of the herein named minor child.
(Camp personnel will make every effort to notify parents before any emergency treatment)

Signature of parent or legal guardian is required.
Signature:_____Date:_____
Relationship to camper:_____
Mail this to: BCC, P.O. Box 939, Lineville, AL 36266 with a $20.00 deposit