

OBN YOUTH CAMP 2019

Monday - Friday, July 8-12, 2019

Registration Form, including medical release and authorization.

Please complete and sign the form, then turn it in, along with your registration fee, according to the deadline schedule.

Name of Student		<input type="checkbox"/> M or <input type="checkbox"/> F	Age:	Grade:
Address (Street/PO, City, Zip):			T-Shirt Size:	
Phone (h):	(m):	Email:		
Church Name:				
MEDICAL HISTORY				
Specify Allergies (aspirin, penicillin, insect bites, food, etc.):		Allergic reactions (especially to food):		
Other medical concerns (explain):				
Operations or serious injuries we should be aware of:			Date of last tetanus toxoid immunization:	
Do you have...	Sinus trouble: <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart trouble: <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Hay Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain further			
AUTHORIZATION AND PERMISSION FORM				
<p><i>I, _____ (Parent or Guardian's name) give my child _____ (child's name) permission to participate in the event named above. I will NOT hold Oahu Baptist Network, its staff, or volunteers responsible for accidents that may occur. (Adequate supervision will be provided at all times.)</i></p>				
<p><i>I also authorize medical assistance and/or surgical treatment in the event of an emergency for above-named participant by physician chosen by the director of the event. (Director of event will make every effort to contact you if any emergency occurs.)</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, please list alternative:</p>				
<p><i>I also give permission for the person listed above to go swimming: <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p>				
Insurance Company:		Policy #:		
Person to call in case of emergency:			Relationship to the student:	

Phone # (home):	(mobile):	(other):
<i>If I can NOT be reached, please notify alternate contact person in case of emergency:</i>		Relationship to student:
Phone # (home):	(mobile):	(other):
Parent or Guardian Signature:		Date:
Print:		

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