

Participant Registration Form

MTBA KIDS CAMP



Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⁮ Student ⁬ Adult Sponsor / ⁯ Male ⁫ Female

*If Student:* Age: \_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Grade Completed \_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*Street*  *City* *State* *Zip*

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, please contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Permission for Medical Treatment, Photograph & Video Notice, and Release of Liability

My permission is granted for Mountain Top Baptist Assembly’s (MTBA) executive director, event director, camp First Aid Coordinator, or church sponsor with whom my child came, to obtain necessary medical attention in case of sickness or injury to my child. I do hereby consent to allow transportation to a proper medical facility if required by medical emergency. I do hereby consent for all medical care prescribed by a duly licensed doctor of medicine for my child.

I also understand that as a participant of this camp, my child may be photographed and/or videotaped during normal camp activities and events and that these photos/videos may be used in promotional materials.

Finally, I, the undersigned, do hereby verify that the above information is correct and I do hereby release the MTBA camp and its directors, camp sponsors, or state conventions and their employees from any and all claims, demands, actions, or causes of action, suits, and liabilities arising out of attending this camp or while on MTBA property.

Complete and sign below (participant under 18 years of age requires Parent / Legal Guardian signature)

Parent / Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_*

*Mountain Top Baptist Assembly Camp 9650 Burke Rd Casper Mountain Casper, WY*