CAMPER INFORMATION & MEDICAL RELEASE FORM Date of Camp _____

This form must be completed and signed by parent or guardian and returned with the camp registration packet to: Missions Team, P.O. Box 19247, Springfield, IL 62794.

Name of camper_____ Birth date_____ Age_____

Name of parents or guardians_____

Address_____State_____Zip_____

Phone No. Home_____ Work _____ Cell _____

Emergency Contacts – please list two:
Name_____ Relationship_____ Phone_____
Name_____ Relationship_____ Phone_____

I understand that the 2008 IBSA Missions Team camps require good physical condition. The above named may participate in all activities, including sports, with the following exceptions; if no exceptions write "NONE": _____

ALL medications MUST be filled prior to camp and given to the nurse at the time of registration. Please list any and all medical information the camp nurse should have (for example: allergies, prescribed treatment, major illnesses and medical conditions, medications taken by the camper, dosage and frequency of medication, etc.). Attach pages or write on back as needed.

_____
_____
_____
_____
_____

Date of last Tetanus shot: _____ Insurance Carrier: _____ Policy #: _____

I, _____ parent/legal guardian of _____, a minor, hereby acknowledge that said minor is under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend one of the 2008 Missions Team camps. I further expressly grant my permission for my child to participate in all activities of said camp. I understand that my child may be photographed and video-taped at camp for promotional purposes. These photos/videos will not be sold for profit.

I have listed said minor's physical defects or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the Missions Team of the Illinois Baptist State Association, or its representatives, or the camp nurse or counselors, or any attending physician to make such decisions and to perform such medical treatments, and/or surgery upon said minor which may, in their sole discretion be necessary and proper under such circumstances.

I do release, acquit, discharge, and covenant to hold harmless the Missions Team staff personnel, camp nurse or counselors, the Illinois Baptist State Association, or its representatives, or any attending physician to make such decisions.

_____ Date: _____
Signature of Parent/Guardian