

BOYS CAMP 2018

Counselors



2018 Information and Authorization

Please print or type—fill out completely. Duplicate as needed

For: Boys completed grades 1—6 and their adult counselors
Where: Camp Wo—Me—To, Jarrettsville, Maryland
When: Thursday, August 2 (5 p.m.) through Sunday, August 5 (2:30 p.m.)
Cost: \$185 per camper; \$90.00 per counselor

Please register me for:

Boys Camp (August 3-6) Camp WO-ME-TO

Registration/Payment **Deadline: July 20, 2018**

Enclosed is my check or money order payable to BCM/D

Mail registration to: Baptist Convention of MD/DE, 10255 Old Columbia Road, Columbia, MD 21046-1716,
Attention: Niki Taylor.

For Additional information: Please contact, Niki Taylor at 410-290-5290 ext 226 or email at NTaylor@bcmd.org

PLEASE PRINT:

Counselor's Name _____ Age _____ Date of birth _____

Address _____ City _____ State _____ Zip _____ Home telephone _____

Email: _____

Is the counselor a Christian? _____ Church member? _____ Of what church? _____

Has the counselor been to camp before? _____ if so, what camp? _____

What are the counselor's hobbies? _____

Does the counselor swim? _____

Does the counselor have a handicap that would prohibit full participation in the camping program? _____

Inoculation date—DPT _____ Has the counselor been exposed to communicable diseases in the past three weeks? _____ What diseases? _____

Describe any reason counselor's activities should be limited _____

What special medications does the counselor take? _____

What medications will the counselor bring to camp? _____

Please complete health/treatment authorization form (next page)

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2018 Information and Authorization Form **PLEASE PRINT all information**

Authorization for Treatment:

If a medical emergency should arise while I am at camp, I hereby give permission to the camp director to select a physician and/or physicians, to hospitalize, treat, and to order injections, anesthesia, or surgery:

Counselor Name _____

*Signature of Counselor _____

Date _____

Insurance information required for camp admission

Primary Health Insurance Coverage _____ Policy# _____

Check and give approximate dates for conditions which the camper has experienced. (**Information required for camp admission**)

HEALTH HISTORY

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting Disorders
- Hypertension
- Mononucleosis
- Psychiatric Treatment

DISEASES

- Chicken Pox
- Measles
- German measles
- Mumps
- Hepatitis B
- HIV
- Other (Specify)

ALLERGIES (dates not needed)

- Hay Fever
- Poison Ivy, etc
- Insect Stings
- Penicillin
- Other Drugs
- Asthma

- Tetanus Shot

Authorization for Swimming

The Camp Wo-Me-To pool has a shallow water section and a deep water section. Counselors who want to swim in the deep water **must** pass a swimming test by our lifeguards. There are lifeguards on duty at all times. No counselor will be allowed in the pool area without a signature below.

Check one: Advanced Swimmer Average Swimmer Non—Swimmer

Signature _____

In Case of an Emergency

Notify: _____

Cell Phone Number: _____

Day Number: _____

Night Number: _____

Work Number: _____

EMAIL: _____

Physician to be notified: _____ Telephone _____

Please print name

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* Baptist Convention of MD/DE Release Form

Boys Camp

I, _____, hereby grant permission to the Baptist Convention of MD/DE to use and retain the right to use any photos, videos, statements, and testimonial notes by, about or of me, captured during _____ (event name and dates), in any media, advertising, publicity, commercial, FaceBook posting or other business purposes conducted by the Baptist Convention of MD/DE. I agree to allow use of any images or declarations and waive all right to compensation or ownership of the materials.

If under 18 years old: I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Date: _____

Signature: _____

Name (Print): _____