



2024 Youth Summer Camp

Child/Student Information

Full Name: _____ Adult T-Shirt size _____

Date of Birth: _____ Age: _____

Grade Completed Spring 2024: _____ Phone# _____

Address: _____

Do you attend church? If so, where? _____

Allergies/Medical Needs: _____

Medications(Please list all medications, dosages, & times of day):

Does your child need their medications to be administered to them by an adult?

Yes _____ No _____ *IF YES, PLEASE SEE INSTRUCTIONS IN THE CAMPER INFORMATION GUIDE.

In the event that it is needed, can your child be given over the counter medications such as Advil or Tums?

Yes _____ No _____

Restricted medicines: _____

Parent/Guardian Information

Name: _____

Relation to Child: _____

Phone #: _____

EXTRA EMERGENCY CONTACT (DIFFERENT FROM ABOVE)

Name: _____

Relation to Child: _____

Phone #: _____

I do hereby give permission for my child to attend the Youth Summer Camp with Castleberry Baptist Church on July 1, 2024 – July 4, 2024. I do hereby give permission for my child to ride the church van to and from the sight of the event as well as during the event. We will be staying at Cleburne State Park, located at 5800 Park Rd 21, Cleburne, TX 76033. I do hereby give permission for the Adult Counselors to seek medical attention in the event of an emergency if I cannot be reached in a timely manner. I agree to pick my child up from the site of the event if there are any disciplinary issues. I hereby release Castleberry Baptist Church and all of its representatives from any liability that may arise.

Parent\Guardian Name (Print) _____

Parent Signature _____ Date _____