

FAMILY/PRIVATE ROOM RESERVATION

SUMMER CAMP

July 10th - July 14th 2017 (Monday-Friday)

Use this form for the Private Room Reservations only

Name

Address

City/State/Zip

Phone number (s)
Southlake Foursquare/Grace
Name of Church (City)

MEDICAL FORM MUST BE ATTACHED FOR EACH PERSON

LIST EACH INDIVIDUAL (Including Children) STAYING IN THIS ROOM:

	Name	Age	Private Room Fee
1.	_____	_____	\$ _____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
	Total Due		\$ _____
	Less my deposit		\$ _____
	Amount Due by May 1st		\$ _____

Private Room Registration Fees:	
Adults	\$
Ages 4-9	\$
3 year olds (class)	\$
0-3 (evening care)	\$

Note: You must complete the medical information & waiver for each person under 18, And the Adult Registration form for everyone over 18 staying in the room. These forms can be sent separately from your deposit to hold the room.

Please make your deposit check payable to your local church and have your pastor sign below when you turn in your form. Please complete a medical release form for each person and attach to this form so we have the medical record on file.

I understand that this deposit is refundable only until May 15th. If I cancel AFTER May 15th I will FORFEIT THE \$50.00 DEPOSIT. Please understand that if you can't use this room, others are on the waiting list. Notify us as soon as possible if you can't come.

Camper Signature

Date

Sponsoring Pastor's Signature

Date

PASTORS:

Please send us one church check for all deposits and include all reservation forms for your church. Make check payable to Foursquare Camp and mail to:
Foursquare Camp, c/o Grace Community Church, 251 Countryside Ct. Southlake, TX 76092

NO RESERVATIONS CONFIRMED WITHOUT DEPOSIT

Rooms are available on a first come first serve basis.
Phone reservations will not be accepted.
Please duplicate this form as needed.

Office Use Only

_____ date check rec'd

_____ check number

_____ check amount

2017

No private rooms will be given to singles – even if someone cancels – you will need to move to the dorms – there is a waiting list for families in the private rooms.

Campers
18+ Older

BCBA Adult Registration Form

Do not leave anything blank! If your answer is "none," type in "N/A." This must be completed on each ADULT camper over the age of 18.

Adult Camper: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth Date ____/____/____ Home # (____) ____ - ____ Mobile # (____) ____ - ____

Name of Church you will be with: _____ City: _____

Pastor/Leaders Name: _____ Mobile # (____) ____ - ____

Emergency Contact: _____ Relationship to Camper: _____

Primary Telephone # (____) ____ - ____ Work # (____) ____ - ____ Mobile # (____) ____ - ____

Physical Limitations (Asthma, Diabetes, Allergies, etc) and/or special instructions (Allergic to certain medications, food allergies, rare blood type, wear contacts, etc.) _____

List all medications you are currently taking. For each medication, indicate whether or not it will be brought to camp.

If you need more room, please make notations on the back of this page.

Medication #1: _____

Special Instructions (dosage, times, etc) AM Noon Dinner Bedtime _____

Medication #2: _____

Special Instructions (dosage, times, etc) AM Noon Dinner Bedtime _____

MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS

I, _____, have listed above my physical conditions or medical problems that may need attention, and all medications that I regularly use. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to BCBA, its representatives, my Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon myself, which may, in their sole discretion, be considered necessary. Furthermore, I do release, acquit, discharge, and covenant to hold harmless the BCBA, it's representatives, my Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my stay at BCBA. I also understand and agree that the local Shackelford County Court would be the point of venue should a legal dispute arise as a result of my stay at BCBA during the above dates. I consent and give permission to the BCBA staff to inspect the bunkhouses for the safety and protection of all BCBA campers present. If unusual circumstances make such an inspection necessary, I give my full consent and permission to BCBA staff to use my photo for BCBA promotional purposes.

I have read the 2017 BCBA Policies and Procedures. I understand that I will be dismissed from camp and sent home without refund and at my expense if I do not adhere to these policies.

SIGNATURE: _____

2017 BCBA ADULT APPLICATION

Other Names I Have Used (Maiden, alias, legal name change, etc.): _____

DL#: _____ State: _____ Social Security #: _____ - _____ - _____

Previous Addresses in past 7 years:

1) _____

2) _____

I, the undersigned, have completed a State of Texas Approved Child Protection Training Course and have correctly answered at least 80% of the questions on the final exam. Furthermore, while I am on the BCBA property, I will be able to present the proper documentation proving that I have satisfactorily completed this course upon request. By my signature, I affirm that all information on this form is true and accurate.

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, explain on the back of this page.

I hereby authorize (your church/organization) _____ to obtain information about me from various law enforcement agencies, courts and corrections agencies. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile of this consent shall be as effective as the original.

Adult Applicant's Signature: _____

Be Sure Your Church/Organizational Leader Signs Below Before This Form is Mailed

I, the undersigned, have performed a Criminal Background Check and Child Abuse Registry Check on the above BCBA Sponsor Applicant and have found no felony or sexual offense convictions listed. I understand that these Background Checks do not need to be turned in to the BCBA Camp Office. However, these Background Checks will be brought to the campgrounds and will be readily available upon request.

SENIOR PASTOR/CHURCH LEADERSHIP SIGNATURE: _____ DATE: _____

Campers
17 + younger

(all children & youth) Camper Name: _____ July 10th – July 14th, 2017

Physical Limitations (Asthma, Diabetes, Allergies, etc) and/or special instructions (Allergic to certain medications, food allergies, rare blood type, wear contacts, etc.) _____

**List all medications the camper is currently taking.
For each medication, indicate whether or not it will be brought to camp.
If you need more room, please attach additional pages.**

Parent/Guardian Information

Name of Parent or Guardian _____ Relation to Camper _____

Primary Telephone # () - - Work # () - - Mobile # () - -

E-Mail Address _____

Name of Parent or Guardian _____ Relation to Camper _____

Primary Telephone # () - - Work # () - - Mobile # () - -

E-Mail Address _____

MEDICAL, SURGICAL AND OTHER REQUIRED WAIVERS

I, _____, parent and/or legal guardian of _____, minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child (the aforementioned minor) my express permission to attend Big Country Baptist Assembly (hereafter referred to as BCBA) between the dates listed above. I further expressly grant my permission for my child, the aforementioned minor, to participate in all activities of said camp with the following listed exceptions:

I have listed above said minor's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to BCBA, its representatives, my dependent child's Camp Sponsors, or any attending physician of the above stated dates to make such decisions and/or to perform such medical treatments upon my said minor dependent which may, in their sole discretion, be considered necessary.

Furthermore, I do release, acquit, discharge, and covenant to hold harmless the BCBA, it's representatives, or my dependent child's Camp Sponsors, or any attending physician of the above dates, from any and all actions, damages, or liabilities arising out of any injury or any sickness (or the treatment of any injury or any sickness) that occurs during my dependent minor's stay at BCBA. I also understand and agree that the local Shackelford County Court would be the point of venue should a legal dispute arise as a result of my child's stay at BCBA during the above dates.

I consent and give permission to the BCBA staff to inspect the bunkhouses for the safety and protection of all BCBA campers present, if unusual circumstances make such an inspection necessary. I give my full consent and permission to BCBA staff to use my child's photo for BCBA promotional purposes. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending BCBA.

I have read the 2017 BCBA Policies and Procedures and explained them to my minor child. We both understand that my child will be dismissed from camp and sent home without refund and at my expense if he/she does not adhere to these policies. Besides the sponsor listed above, I hereby authorize the following person(s) to pick up my child from the BCBA grounds:

Name: _____ Name: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

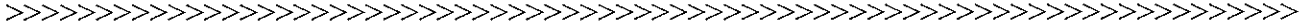
We reserve the right to search a campers belongings, with or without consent, in case of an emergency.

Medicine Dispensing Form

TDH Laws require that, all medication, prescription or non-prescription drugs will be held at the camp first aid station and administered by camp approved, medical personnel, who are on duty 24 hours a day.

If you need to send medication to camp, please put it along with this completed form in a zip-lock bag.

✓ **ALL MEDICATIONS MUST BE IN ITS ORIGINAL CONTAINERS FROM THE PHARMACY. NO BLANK PILL BOTTLES OR DAILY MEDICATION BOXES.**



PUT THIS FORM IN THE ZIP LOCK BAG ALONG WITH THE MEDICINE

This medication belongs to: _____

Camper's Church: _____

Councilor/Sponsor Name: _____

Parent Name: _____

Day Phone: _____ Night Phone: _____

Parent (please circle) will / will not allow over the counter medicines to be dispensed to their camper exceptions are: _____

(Example: cough drop, antacid, band aid, acetaminophen, ibuprofen, etc.)

Medication Name	Dosage	Dosage Time AM/Noon/PM/Bedtime	Special Instructions

If medication is only "as needed" tell us the circumstances in which to administer the medication: _____

Signature: _____