



NAVAJOLAND BAPTIST YOUTH CAMP

Camper Form

Camp(s) Attending:

Junior Camp

Teen Camp

Camper Information

Name: _____ Gender (circle): Male Female

Age: _____ Date of birth: ____/____/____ Grade completed: _____ T-Shirt Size: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Email: _____

Emergency Contact (if parent/guardian is unavailable)

Name: _____

Phone: _____ Relationship: _____

Church Information

Church Name: _____ Phone: _____

Pastor: _____

Medical Information

Allergies: _____

Medical Conditions: _____

Dietary Restrictions: _____

Physician Name: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Or attach a photocopy of the card's front and back to this form

Medication Authorization

My child has NO medications

If medications are required, list below (must be in original containers):

Medication: _____ Dosage: _____ Times: _____

Medication: _____ Dosage: _____ Times: _____

Medication: _____ Dosage: _____ Times: _____

I hereby authorize designated camp personnel to dispense my child's medication.

All medications must be turned in at check-in.

Transportation & Supervision Agreement

I understand that my child will be transported to and from Navajoland Baptist Youth Camp by their church and/or designated church representatives. I acknowledge that transportation is the responsibility of the sending church, not the camp. I understand that my child will remain under the supervision of church leadership, counselors, and camp leadership during transportation and throughout the duration of camp.

Parental Consent & Liability Agreement

I give permission for my child to attend and participate in all activities of Navajoland Baptist Youth Camp. I understand that participation in camp activities involves inherent risks, including but not limited to physical activity, outdoor conditions, and group activities. I agree not to hold Navajoland Baptist Youth Camp, its staff, volunteers, or affiliated churches liable for injury, illness, or loss of personal property. In the event of illness or injury, I authorize designated camp personnel to obtain necessary medical treatment for my child. If I cannot be reached, I grant permission for emergency care as deemed necessary by medical professionals. I agree to be financially responsible for any medical services rendered to my child during camp. I give permission for photographs or video of my child to be used for camp-related purposes. I understand that my child is expected to follow all camp rules and the direction of camp leadership, counselors, and church leaders at all times. I understand that failure to follow rules may result in dismissal from camp, and I agree to cooperate in arranging or covering transportation as directed by camp leadership.

Acknowledgment

I have read and agree to all camp rules and expectations.

Parent/Guardian Signature: _____

Printed Name: _____

Date: ____/____/____

A ministry of Chambers Baptist Church with Navajoland Baptist Missions

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