



# NAVAJOLAND BAPTIST YOUTH CAMP

## Non-Camper/Child Form

*This form is for children attending camp with a parent or guardian who is serving at camp.*

*These children are not registered campers.*

### Camp(s) Attending:

Junior Camp

Teen Camp

### Child Information

Name: \_\_\_\_\_ Gender (circle): Male Female

Age: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Emergency Contact (if parent/guardian is unavailable)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Church Information

Church Name: \_\_\_\_\_ Pastor: \_\_\_\_\_

### Medical Information

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company (optional): \_\_\_\_\_

Policy Number (optional): \_\_\_\_\_

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

## **Supervision Agreement**

I understand that my child is attending camp as a non-camper under my supervision and is not considered a registered camper within the camp program. I remain primarily responsible for supervising and caring for my child throughout the duration of camp. I understand that Navajoland Baptist Youth Camp is not providing formal childcare services for non-camper children. Camp leadership may restrict participation in certain activities if necessary for safety, supervision, or camp operations.

## **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 immediately. 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.

## **Acknowledgment**

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

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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