

CAMP MOUNT PLEASANT REGISTRATION FORM

NAME : _____ MALE OR FEMALE
ADDRESS: _____ GRADE COMPLETED _____
CITY/ST/ZIP : _____ DATE OF BIRTH ____/____/____

PARENT’S NAME(S):(If participant is a 1st - 12th grade)

SIBLINGS NAMES ATTENDING

PHONE:(_____) _____ CELL: (_____) _____
EMAIL: _____ CHURCH: _____

I Plan to Attend : _____ CMP TEEN Summer session _____ CMP JR Summer session _____ Ladies’Retreat
_____ Back TO School Fall retreat _____ YOUTH Winter retreat _____ Men’s Retreat

HEALTH HISTORY STATEMENT : to be completed by Parent/Guardian if 1st-12th grade I am/My child is physically healthy and able to participate in all camp activities except:

Please Note any special behavioral needs:

Please list any Medical or other Allergies and Current prescription medications and instructions: (Continue on back if needed).

Please Circle the following Medications that can be given to your Child:

Tylenol Ibuprofen Pepto Bismol Tums Benadryl Neosporin Calamine cream/ spray Benadryl cream/spray

Medical Ins. Company and Information : Please include Group and ID number Phone number

Date of last tetanus shot: _____

Emergency Contact Name and number, other than Parent or Guardian

In case of medical emergency, I give permission to the physician selected by Camp Mount Pleasant to give any medical attention deemed necessary for my child. *(Enclose additional information if necessary)*

Signature of Parent/Guardian _____

_____ Date

Please Review and Sign Video/Photo Release

Photo/Video release: I give my permission to have photos and/or video and audio recordings taken of Me/my child by Camp Mt. Pleasant or its agents for publicity purposes during Camp Mt. Pleasant activities even though we will not receive compensation of any kind for appearing in such photos or video recordings. Videos/ and pics may be posted, but not limited to Facebook and Instagram pages for Camp Mt. Pleasant.

___ I have read, understood, and voluntarily accepted the conditions of the Photo Release printed above on behalf of my child.

___ I have read, understood, and do not accept the conditions of the Photo Release printed above on behalf of my child. I do not want my child’s picture video released or posted.

Signature of Parent/Guardian _____

_____ Date

Printed Name of Parent/ Guardian

Camp T-Shirt : Summer CAMP ONLY : Please Circle a size (Registration received After MAY 1 are not guaranteed a camp shirt)
Children’s S M L XL Adult: S M L XL XXL

Please Return this Page to : Beulah Free Will Baptist Church
% Braden Cross or Baylee Merritt
7561 Mobile Hwy
Pensacola, FL 32526

