

Contact Person _____
 Mailing Address _____
 City/ST/Zip _____
 Phone (____) _____ Cell (____) _____
 Email _____

CHURCH _____
 Pastor _____
 Church Address _____
 Church City/ST/Zip _____
 Pastor/Church Phone _____

RA Camp 2017
Church Registration Form
Wednesday-Saturday, July 26-29
**Begins with supper on Wednesday and
 ends with breakfast on Saturday**
Tall Timbers Baptist Conference Center

\$140 for Counselors and Campers
Registration deadline is July 19! Tee shirt deadline is July 12. \$50 Non –Refundable Deposit required.
Registration is not confirmed without deposit. Credit cards are accepted or check made payable to Tall Timbers.
NOTE: CAMP BALANCE IS DUE AT CHECK-IN!

*Lee Lodge rooms available first-come-first-served basis for additional \$10 per person
 and **MUST** provide 1 counselor per **ROOM!** *Prefer Lee Lodge*

Group must provide ONE (1) SAME GENDER, ADULT COUNSELOR for every 10 students. Counselors must be at least 21 years old. Student groups are not allowed to attend camp alone. Adults must attend camp with your students AND STAY WITH THEM the entire week of camp.

- Each camper AND adult sponsor must submit the **Tall Timbers Parental Permission to Participate and Health form** with signature. Make copies of completed forms (1 for counselor and 1 for Tall Timbers’ office) and bring them to camp check-in (do not mail).
- The Assumption of Risk must be filled out for any camper who wishes to participate in the high ropes course.

Tall Timbers – P.O. Box 258
Woodworth, LA 71485
318.445.6797 – Fax 318.445.1038
talltimbers@talltimbersbcc.org

CC # _____
 Exp ___/___ 3 digit code on back _____
 Billing PO Box or Street number Only _____
 Zip _____ Amt: \$ _____

COUNSELOR NAME	Address, City, Zip	Cell Phone	Counselor Age	Shirt Size

Camper Name	Parent Cell Phone	Grade 2016-17	Tee Size	Parent/Guardian Name

Youth and Adult Shirt Sizes: YS, YM, YL (YS=6-8, YM=10-12, YL=14-16) or AS, AM, AL, AXL, A2XL, A3XL

Church _____

Camp _____

Parental Permission to Participate and Health Form

This form must be filled out and signed by each parent/guardian for camper to participate. Counselors also must complete and sign forms for themselves. Please do not mail this form. Bring with you at registration.

Camper or Counselor Name _____ Date of Birth ____/____/____

Address _____ City/State/Zip _____

Telephone (____) _____ Age _____ Sex _____ Grade Completed This Year _____ T shirt size _____

Name of Camper's Parent or Legal Guardian _____

Address _____ City/State/Zip _____

Telephone: Cell (____) _____ Work (____) _____

Name of camper/counselor physician _____ Telephone (____) _____

Health Insurance _____ ID Number _____

Please list two people who may be contacted in case parent/guardian cannot be reached in an emergency:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

General Health and Medical History

1. List any chronic or long-term illness: _____

2. Serious injuries or surgeries: _____

3. Known allergies: _____

Explain reaction and indicate medication used or other action to be taken:

Explain any physical/medical conditions that we should be aware of:

Tall Timbers does not provide a camp nurse. Church counselors must take care of the minor medical needs of the campers they bring, including keeping and dispensing medications, minor first aid, etc., and if a trip to the ER is needed, they must take them. The responsible counselor will bring this health form for each camper and is responsible for the care of their campers while here.

Is camper bringing medication to camp? Yes ___ No ___ If yes, please list all medications on back of this form.

Medication must be in pharmacy container with patient's name and the dosage instructions on it. If dosage instructions are different, please note, and sign your name.

Restrictions: Does camper have any activity restrictions? Yes _____ No _____

If yes, please specify: _____

List up to 4 people who are authorized by the parent/guardian to check out a camper from Tall Timbers:

Parent/Guardian Signature: _____

Signatures authorize Tall Timbers to use photographs, films, and/or voice recording whether by audio, videotape, or other images of my child (participant) for the purpose of and use in promotional material, website, video, podcasts, and publications. Parents/Guardians understand that they will not receive any payment or other remuneration for this authorization.

Adventure Recreation Course Assumption of Risk



Participant's Name (please print): _____

Name of Group: _____

Date of Ropes Event: _____

The Tall Timbers Baptist Conference Center Adventure Recreation Course was constructed by a professional Adventure Recreation builder according to nationally recognized industry standards, is inspected annually by that builder, and is run by course-specific trained instructors. Participation will never be forced on any individual going through the course.

I am aware that during my participation at the Tall Timbers Adventure Recreation Course, certain risks and dangers do exist. These include, but are not limited to the following: hazards of being in a wilderness setting, forces of nature, and those existing because of the nature of the program. With this knowledge, I have and do hereby assume all risks associated with participation in the Adventure Recreation Course and will hold harmless the staff and officers of Tall Timbers Baptist Conference Center and the Louisiana Baptist Convention, from any and all liability, actions, cause of action, debts, claims and demands of every kind and nature whatsoever, which I now have or which may arise from, or in connection with my participation in any activities arranged for me by Tall Timbers and its staff. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, and administrators and for all members of my family.

In the event of an accident or illness, Tall Timbers will make every effort to provide first aid, and if needed, arrange transportation to medical facilities.

Signature of participant: _____

Address: _____

Phone: (____) _____

Date Signed: _____

Signature of Parent/Guardian if participant is under 18 years of age:

Home Phone: (____) _____

Work Phone: (____) _____

Name and phone of emergency contact in case above numbers cannot be reached:

Phone: (____) _____
