

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

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

Clear Camp I 2016
Church Registration Form
Tall Timbers Baptist Conference Center
Monday-Friday, July 4-8, 2016
Check-in is 2-5pm Monday and camp ends at approximately 11:30am on Friday.

Early Bird Registration: \$230* by May 6, 2016
...An \$50 per person deposit required per person.
Regular Registration: \$260* after May 6, 2016
...An \$50 per person deposit required per person.
Late Registration: \$280* after June 3, 2016
...An \$50 per person deposit required per person.
Counselor fees are the same as camper fees.
***Lee Lodge rooms available first-come-first-served basis for additional \$20 per person.**
 Prefer Lee Lodge
Credit cards or church checks made payable to Tall Timbers are accepted. Registrations and deposits will be received no earlier than Feb 1, 2016.
NOTE: CAMP BALANCE IS DUE AT CHECK-IN!



- **DEPOSITS are NON-REFUNDABLE!** No money will be refunded for cancellations for any reason. *(example: if deposit is paid for 40 and 37 come to camp, deposit is forfeited for those that do not come)*
- Complete **ALL** information on registration form – **VERY IMPORTANT – deadline for camper/counselor names/info due 2 weeks before camp!**
 For forms sent in without names: # of females _____ # of males _____ to reserve bed spaces for.
- **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).** Counselors **DO** need Health Forms.

∞Groups must provide ONE (1), SAME GENDER, ADULT SPONSOR/COUNSELOR for every 8 students. Counselors must be at least 21 years old. Student groups are not allowed to attend Clear Camp alone. Adults must attend Clear Camp with your students AND STAY WITH THEM the entire week of camp. The Louisiana Baptist Convention, Clear Camp staff, or Tall Timbers does not provide adult sponsors for your group!

∞Camp is for students who have completed 7th-12th grade (6th grade is allowed if they are a regular part of your youth ministry) and their respective adult leaders. Children younger than those ages or younger children of adult sponsors/leaders are not permitted at camp. Bed space is tight. We must reserve all available space for which the camp is designed.

MORE INFORMATION ABOUT CAMP
 Contact the Youth Ministry Strategy Office at the Louisiana Baptist Building at 800.622.6549/318.448.3402.
 Email Steve.Maltempi@LouisianaBaptists.org or Julie.Woodrum@LouisianaBaptists.org

SEND REGISTRATIONS TO:
 Tall Timbers – PO Box 258
 Woodworth, LA 71485
 318.445.6797 – Fax 318.445.1038
talltimbers@talltimbersbcc.org

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

Church _____

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's Name _____ Date of Birth ____/____/____
Address _____ City/State/Zip _____
Telephone (_____) _____
Age _____ Sex _____ Grade Completed This Year _____

Name of Parent or Legal Guardian _____
Address _____ City/State/Zip _____
Telephone: Home (_____) _____ Work (_____) _____
Cell (_____) _____

Name of camper's 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:

Medication: 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.