

Camp Courageous



Proverbs 28:1

Camp Attending (circle one): Camp 1 June 28-July 1 / Camp 2 July 17-July 20

Camp Fees: \$115 per Camper

Camper Name: _____ Age: _____ Grade Completed: _____

Parent/Guardian: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Gender (circle one): Male / Female T-Shirt Size: _____

Church: _____

Special Needs: _____

Pickup/Drop-Off:

Name: _____ Phone: _____

Drop-off and Pick-up Times

Camp	Drop-off	Pick-up
Camp 1	June 28 (3 p.m. to 5 p.m.)	July 1 (10 a.m.)
Camp 2	July 17 (3 p.m. to 5 p.m.)	July 20 (10 a.m.)

Camper's Full Name: _____

Emergency Contact (other than parent/guardian): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (other than parent/guardian): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical History

Allergies: _____

Generally, my health is (Circle one): Excellent / Good / Fair / Poor

If poor, please explain: _____

List any medical difficulties you are currently being treated for (Asthma, Diabetes, ADD, etc.): _____

List surgeries or serious illnesses relevant to current health of the camper:

Current Medications: Medication form MUST accompany all medications. NOTE: All medications MUST be in the original prescription bottle with the name of the camper on it and dosage instructions. Otherwise, we are not allowed to dispense medication.

Dietary Needs/Restrictions: _____

(If your child has strict dietary restrictions, or may need specific foods that may not be readily available at camp, please call our ServSafe coordinator at (501) 472-8452 or contact her via email at anakate.oba@gmail.com.)

Family Physician: _____ Phone: _____

Insurance Provider: _____

Policyholder: _____ Policy #: _____

(Insurance will only be used in the case of a medical emergency)

Consent to Treat Minor Children

Please print all information

I, _____, parent or legal guardian of
_____ (Camper), born _____, do hereby
consent to Ouachita Baptist Camp Staff to obtain necessary medical attention in case of sickness or injury to my
child to ensure the health and welfare of my child while said child is under the care of Ouachita Baptist Camp Staff
and I am not reasonably available by telephone to give consent. This authorization is effective While my child is in
attendance at Ouachita Baptist Camps.

Signature of Parent or Legal Guardian _____ Date: _____

Photo/Video Notice

_____ I understand that my child may be photographed or videotaped during normal activities and these
photos/videos may be used on social media platforms and in promotional materials.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever
discharge all sponsors and the Camp Staff from any and all claims, demands, actions or cause of action, past,
present, or future arising out of any damage or injury while participating in camp.

-Please initial and sign below (youth under the age of 18 years of age requires parent/guardian signature).

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Early Registration ends May 17th, after such time we cannot guarantee that dietary restrictions and the provision of
camp memorabilia cannot be guaranteed.