



APPLICATION

Name: _____ Age: _____

Grade Completed: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent's Name: _____

Parent's Address (if different): _____

City: _____ State: _____ Zip: _____

Home Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Male or Female: _____ Birthday: _____

T-Shirt Size (circle) XS S M L XL 2XL 3XL 4XL 5XL

Pastor: _____ Phone: _____

Medical Information

Please List All Medical Conditions that Camp Personnel or Medical Personnel Should be aware of: (Include Medical Allergies, Medication Allergies, Food Allergies, Other Allergies like 'bee stings, etc; skin diseases, asthma, heart conditions, etc)



Medications: (Please List "ALL" medications of "ANY TYPE" – prescription, over the counter that Camper should take and/or have in their possession. Include INSTRUCTIONS. Also indicate if you want camp staff to dispense the medication on your behalf.)

Physical Restrictions: (Campers are expected to FULLY PARTICIPATE in activities unless medically unable to do so)

Date of Last Tetanus or Booster: _____

CONSENT AND RELEASE FORM:

(Custodial Parents/Guardians Must Review and Sign)

I, the undersigned parent or guardian, hereby consent to my child, , who is years of age, participating in the activities connected with time at the Antioch Baptist Church Youth Camp, a youth camp held at the Georgia Pinelands Campground in Lagrange, Georgia. The Antioch Baptist Church Youth Camp is an activity sponsored by Pastor Alan Kirk as an Outreach Ministry of Antioch Baptist Church in Hogansville, GA. ABCYC will be held from Monday, July 13th through Saturday, July 18th, 2014. My consent includes days prior to camp if I request my child to arrive early (including off campus activities and camp determined transportation). I certify that my child is able to participate in these activities, including sports, horseback riding, and swimming (note: Not all activities may be available at this Camp) and other camp related activities (unless indicated in the medical information section of this application). If my child has a medical condition which may be relevant to a physician in the event of an emergency, I have listed them above in the medical section of this application. In the event of an emergency, I may be reached at the telephone number listed above in this application. If I cannot be reached within a reasonable period of time, I hereby authorize Alan Kirk, camp director or the designated adult assistant to make emergency medical decisions for my child. I authorize camp personnel to administer basic first aid and over the counter medications if needed. If there are any activities that I do not want my child to participate in, I have listed them below my signature.



I understand that camp activities scheduled for this camp may include activities away from the campus. These activities may include swimming, skating, bowling and other activities determined by the camp staff. I consent to my child traveling by camp determined transportation to and from these events and participating in these events (unless I have indicated that my child may not participate in a specific activity.) I agree to the use of photos and videos taken of my child by the camp for promotion or other uses (including internet postings) without compensation.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISK WHICH MAY BE ENCOUNTERED ON SAID CAMP ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO AND CAMP ARRANGED TRANSPORTATION. I do hereby agree to hold Alan Kirk, Ararat Bible Camp, Antioch Baptist Church Georgia Pineland Campground, Georgia Sheriff's Association, Providers of Camp Activities and/or services, their employees, agents, volunteer assistants and associates, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.



I EXPRESSLY AGREE TO ASSUME ALL FINANCIAL RESPONSIBILITY FOR ANY MEDICAL TREATMENT NECESSARY FOR MY CHILD. (PROVIDE A COPY OF INSURANCE CARD – Front and Back)

Insurance Company Policy/ID: _____

Employer: _____

CHECK HERE IF NO MEDICAL INSURANCE: _____

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent or Guardian: _____

Date: _____

Day Phone: _____

Cell Phone: _____

I do not wish my child to participate in the following: _____

Adult Release: (For adults attending Camp) as an adult attending The Antioch Baptist Youth Camp, I agree to the conditions indicated in the paragraphs above including my release of liability and agreement to assume financial responsibility for myself. (Please complete the insurance information above).

Signed: _____



CAMPER AGREEING: _____

Date: _____

Emergency Contact: _____

This camp reserves the right to set and enforce their statement of Faith, rules for behavior and other requirements as necessary. This includes but is not limited to : King James Only program, Appropriate Dress Requirements (no shorts, tanks, etc for Males-No pants, Shorts, immodest tops for Females); Full participation in all activities and services; Camp details are determined by the director, The Ararat Bible Camp has a STANDARD CODE OF CONDUCT that will be in effect for CAMP. The Standard Code of Conduct is provided with this application for your review. The interpretation and enforcement of this STANDARD CODE OF CONDUCT is at the sole discretion of the camp directors. I (camper), am familiar with the dress code, doctrine and discipline statements for CAMP'S STANDARD CODE OF CONDUCT. I agree to willingly abide by these rules, be a good sportsman, dress according to camp policy and exhibit a good Christian disposition at all times. I agree to follow the directives of the camp director and leadership at all times. I desire to come to ABCYC and do so as at my own risk. I understand that failing to comply with the rules of the camp may result in my dismissal from camp and require my parent/guardian to make arrangements for my early departure.

Camper Signature: _____

Parent: _____

I agree to this statement: _____

***** PLEASE NOTE: Campers are not allowed to keep Cell Phones, Computers, IPODS/MP3 Players or related devices or accessories in their possession while at camp.**



ARARAT BIBLE CAMP- 1142 BLUE CREEK ROAD HOGANSVILLE, GA 30230
WWW.ANTIOCH-BAPTIST.NET/ARARAT-BIBLE-CAMP - 770-362-6258