

**Florida General Baptist Convention, Inc.
Baptist Youth Camp (BYC)
Registration Form**

Registration DEADLINE: JUNE 1, 2024

Mail to: Florida General Baptist Convention, Inc.

ATTN: Baptist Youth Camp

Camp Fee \$150.00

PO Box 11706

(Full payment due with registration form)

Daytona Beach, Florida 32120

ONLY Money Orders, Cashier's Checks or Church Checks will be accepted

PLEASE PRINT CLEARLY

Name _____ Age _____ M _____ F _____

Address _____

Street

City

Zip Code

Christian Yes _____ No _____

T-Shirt Size _____

Church _____ Pastor _____

Association _____ Moderator _____

Name & phone number of person sending form _____

Parent/Guardian _____

Home Phone _____

Work Phone _____

Mobile Phone _____

SEE REVERSE SIDE

Health Record must be completed or attach an Official Health Record from the doctor.

All Health Forms must be NOTARIZED!

For Office Use Only

Church Check # _____ Money Order/Cashier Check # _____

Date Received _____ Amount Received \$ _____

Received by _____

INFORMATION PACKET WILL BE MAILED ONCE REGISTRATION IS PROCESSED

HEALTH RECORD or CURRENT SCHOOL YEAR/DOCTOR HEALTH DOCUMENTATION

Name of Camper _____

Name of Family Health Insurance Company _____

Policy # _____

Must be completed by a physician

Date of Birth _____ Height _____ Weight _____

Please indicate yes or no for the next question. If yes, give a brief explanation.

Allergies? ___Yes ___No

Check any of the following the child may have:

- Anemia Asthma Behavior Challenges* Diabetes
 Heart Disease Mental Challenges* Rheumatoid Fever Seizures

*Are there issues we need to know about? _____

OFFICIAL STAMP
HERE

Physician's Signature _____

Phone Number _____ Date _____

I, _____, the parent/legal guardian of the above named Camper is of lawful age and is legally competent to sign the Authorization and Wavier, in the event of accident or illness.

All efforts will be made to contact parent/guardian in case of accident or serious illness if the program site is unable to reach me, I hereby authorize Baptist Youth Camp Director to contact the physician indicated on the application and follow his/her instructions. If it is impossible to reach this physician, the Camp Director may make whatever arrangements necessary to provide care and treatment for my child.

Camper's Name
Parent/Legal Guardian Signature

Date

Notary Signature

NOTARY OFFICIAL SEAL OR STAMP