



# **Florida General Baptist Convention, Inc.**

## **Baptist Youth Camp**

**Ages: 9 – 17**

**Duration: Monday, June 9, 2025 – Friday, June 13, 2025**

**Location: Florida Memorial University – Miami, FL**

**Deadline to Register: May 15, 2025**

**Camp Fee: \$150.00 per youth**

**(Camp fee includes: study materials, meals, housing, arts/crafts, sports, games, t-shirts & activities)**



### **THEME**

**GAME ON: CONNECTING THROUGH CHRIST**

**John 15:5**

Baptist Youth Camp provides youth with the opportunity to spend time connecting with Christ and friends through Bible Study, games, crafts, sports and fun activities.

**For information contact:**

**Julia Gilchrist, Director (786) 488-3088**

**Margie K. Cody, Advisor (904) 768-0370**

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[baptistyouthcamp@yahoo.com](mailto:baptistyouthcamp@yahoo.com)

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

Registration Form

**Registration DEADLINE: May 15, 2025**

Mail to: Florida General Baptist Convention, Inc.

ATTN: Baptist Youth Camp

Camp Fee \$150.00

PO Box 11706

Daytona Beach, Florida 32120

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

PLEASE PRINT CLEARLY

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F

Address \_\_\_\_\_  
Street City Zip Code

Christian Yes \_\_\_\_\_ No \_\_\_\_\_

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!

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**For Office Use Only**

Church Check # \_\_\_\_\_ Money Order/Cashier Check # \_\_\_\_\_

Date Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

Received by \_\_\_\_\_

**HEALTH RECORD or CURRENT SCHOOL YEAR/DOCTOR HEALTH DOCUMENTATION**

Name of Camper \_\_\_\_\_

Name of Family Health Insurance Company \_\_\_\_\_

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

\_\_\_ Rheumatoid Fever \_\_\_ Seizures \_\_\_ Mental Challenges\*

(\*Are there issues we need to know about?)

Physician's Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ the parent/legal guardian of the above mentioned 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