



Student Registration Form Summer 2010

Plains Baptist Assembly

3001 Love Rd -- Floydada, Texas 79235
 806-983-3954 or 800-581-3954
 FAX 806-983-2008
www.pbacamp.org

Please print in black or blue ink and complete all information requested. Please do not leave blanks.

First Name _____ Last Name _____ Gender M F
 Address _____ Email _____ Age _____
 City _____ St _____ Zip _____ Home Phone (____) _____ - _____ Birthdate ____/____/____
 Grade Completed _____ Shirt Size: Adult: S M L XL XXL _____ Child S M L
 Person to notify in event of emergency _____ Relationship _____
 Emergency Phone (____) _____ - _____ Church Coming With _____ Town _____

Medical History

1. Known Allergies (Drug and/or Environmental) _____
2. Chronic Illnesses _____
3. Medications (presently being taken. Dosage [strength] & Time) _____
4. Dates for the required immunizations for the following: Dates are required!
 Polio _____ DPT _____ Measles _____ Rubella _____ Tetanus _____ Date of last Physical ____/____/____
5. Medical conditions and restrictions for myself: _____
6. Family Physician _____ Phone (____) _____ - _____
 Address _____
7. Insurance Carrier: _____ Phone (____) _____ - _____
 Policy Number: _____ Address: _____
8. Check all that apply: I now have or have had: Heart Problems ____ Chest Pains ____ Epilepsy ____ Diabetes ____
 Fainting Spells/Blackouts ____ High Blood Pressure ____ Arthritis/Back Problems ____ Operations/Serious Illness ____
 Disabilities/Chronic Recurring Illness ____ Allergies to Meds ____
9. Additional Comments/Restrictions _____
10. General Health Statement _____

***Please note: If your health requires a special diet, you will be responsible for providing that food.**

NOTE: Care can be refused by the physician if this permission form is not signed.

I have read and I understand the rules and regulations associated with this camp and agree to abide by them.

Student's Signature _____

Print Name _____

Parent/Guardian's Signature _____

Print Name _____

2010 PBA Camp Rules

1. Campers are not allowed off campus.

No camper is permitted to leave Plains Baptist Assembly while attending camp, unless prior arrangements have been made with the Camp Coordinator. This rule includes ball games, classes, medical appointments, etc.

2. No one is allowed to ride in or on any vehicle.

Everyone will walk while attending PBA Camp. There will be no movement of cars, buses, vans, motorcycles, or skate-boards on the campus unless approved by the Camp Coordinator. All vehicles must be parked from the time of registration to the final day of camp. [Please understand that in order to better serve you the Camp Administrative staff will use vehicles.]

3. Campers must attend all sessions.

Late arrivals and/or early check-outs are not permitted unless prior arrangements have been made with the Camp Coordinator. All campers will be required to attend all activities and sessions of the camp. If your group is in an activity, whether in the classroom or the athletic field, you must be with them—this includes recreation. There are no exceptions to this rule unless you are injured or sick and are at the nurse's office, or hospital. The only free time campers have is their scheduled free time.

4. Campers who are ill or injured must be either in the Nurse's office or hospital.

In the event of illness or injury, campers will not be permitted to remain in their cabins. Campers who are ill or injured will be required to seek medical assistance in the nurse's office until they are able to return to the regularly scheduled activity or session of their group. Campers may not remain in their cabins unless requested by the nurse. All medications must be given to the Camp Nurse at registration. Place them in a large zip lock bag with your child's name and church name. Prescriptions must be in the original container with the camper's name and the current dosage. If your child/youth requires an inhaler, have him/her bring at least two (2) to camp. He/she needs to keep one (1) with him/her and give one (1) to the Camp Nurse.

5. Everyone must be in the cabins and have lights out at the times specified in the schedule.

Everyone is required to be inside their assigned cabin at the assigned time. Your curfew is for your security and for your mental and physical well-being. The daily schedule is very demanding!

6. Drugs, alcohol, any form of tobacco, firearms or fireworks are not allowed. Also, do not bring tape players, radios, CD players, televisions, Water guns, super soakers, Nintendos, pagers, cellular phones, iPods (of any kind), MP3 players, or any other type of electronic game or equipment.

7. Campers must dress appropriately.

All clothing should reflect modesty and discretion; extremely short shorts/skirts/dresses/skorts, sheer clothing, etc. are not permitted. No shirts with inappropriate messages—including rock groups. Cover-ups must be worn to and from the pool. Swimsuits must be conservative—no French-cut or 2 piece. Girls may not wear mini-skirts, spaghetti straps, or mid-drifts. Shirts and blouses should be long enough to cover stomach. No sleeveless attire may be worn by anyone except at recreation. Shorts (for guys) and skirts/dresses, shorts, and skorts (for girls) must be no shorter than fingertip length with arms and hands straight down at sides while standing. Caps or hats will not be worn indoors.

8. Refrain from Public Displays of Affection (PDA) with girlfriends or boyfriends or spouse.

Public Displays of Affection include holding hands, kissing, hanging on one another.

9. Ordering food to be delivered on campus is forbidden.

10. Under no circumstance are girls to be in boy's cabins or boys in girls' cabin.

This includes meeting areas in all cabins except scheduled small group times.

11. Campers must obey all Plains Baptist Assembly Rules and Regulations.

By signing this Camp registration, you are entering into a 'contract' with PBA Camp. Your signature indicates that you know—your pastor and your parents know—that if you fail to use good judgment and common sense in following the rules above, you will be dismissed from camp and returned home at your own or your parents' expense.

Generally, your behavior should reflect these three basic things: 1] Be where you are supposed to be, when you are supposed to be there, doing what you are supposed to be doing, 2] Always pray, always be on time, always be flexible, and 3] Have a good attitude and a teachable spirit. The PBA Camp Staff wants you to be happy and to help you have the greatest week of your life, as you grow in your own personal discipleship to the Lord Jesus Christ and learn to share the joy of your Christian life with others.

I have read all the above, I understand them, and agree to abide by them.

Student _____

Parent _____

Plains Baptist Assembly Camps - Conferences - Retreats Standard Permission Form

This form is to be completely filled out by/for each person (Sponsor Leader Camper) attending Plains Baptist Assembly; or if the camper is under 18 yrs of age, by the parent or guardian of that underage camper. **No person will be permitted to attend camp without presenting this completed and signed form upon arrival at camp.** Please record an appropriate response for **all applicable blanks and sign your name in the appropriate spaces.**

I understand that I or my Son/Daughter/Ward, as a result of attending camp at Plains Baptist Assembly, may be involved in any or all of several activities to include, Hiking, Running, Swimming, Archery, Riflery, Camp Craft Activities, Ropes/Challenge course activities, Camping Outdoors and Regular Sporting & Field Sport Activities.

I further understand that, while being well supervised, there are always certain inherent dangers in such activities. By signing this form I am agreeing (or giving my permission for my Son/Daughter/Ward) to take part in all such activities unless otherwise indicated in the additional comments sections of this form. By signing this form releases Plains Baptist Assembly (all agents and employees) from all liability, actions, causes of action, claims, expenses, and damages on account of injury to myself or to my child, property, even injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is to be broad and inclusive as permitted by the law of the State of Texas 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 entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.

Ryan's Ropes For Sixth Grade and Older ONLY

WHEREAS, THE UNDERSIGNED ("the APPLICANT") wishes to be accepted for participation in a Ropes/Challenge Course experience conducted by PLAINS BAPTIST ASSEMBLY, INC.

While at all times, the "Ryan's Ropes" ropes/challenge course will be operated at the very highest of professional and safety levels by trained and certified personnel. The undersigned acknowledge(s) that, during his/her participation on the Ropes/Challenge Course the Applicant has requested to participate in, certain risks and dangers may occur. These include, but are not limited to, depending on other people, the forces of nature, loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this challenge course experience or other type of outdoor activities. I further understand that medical treatment may be considerable time away in the event of a medical emergency.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this Ropes/Challenge Course Experience. I have listed on the Health Statement Form any medical condition that PLAINS BAPTIST ASSEMBLY, INC. should be aware of which may hinder my participation in the course. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the activity.

Please check this box if you are giving your permission for your child to participate in Ryan's Ropes.

In consideration of, and as part-payment for the right to participate in any and all activities by PLAINS BAPTIST ASSEMBLY, INC., Directors, Officers, Employees, Agents, and/or Associates I do hereby assume all of the above risks and any other ordinary risk incidental to the nature of all camp activities which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature which are not specifically foreseeable, and will hold them harmless from any and all liability, otherwise, which I now have or which may arise from or in connection with my participation in any and all activities arranged for me by PLAINS BAPTIST ASSEMBLY, INC., its directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns for all members of my family, including any minors. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in any and all of these activities is entirely VOLUNTARY. I enter into these activities and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

Audio/Video/Photo Release: By signing below, I hereby grant Plains Baptist Assembly, its partner churches, camps and event coordinators the right to use my and/or my child's picture, photograph (*moving or still*), and/or voice recording in any and all forms of media and in all manners including, but not limited to, composite or edited forms, for Plains Baptist Assembly's or any of the above mentioned groups for marketing & promotion purposes without my express written permission. I waive the right to inspect or approve the finished version(s) of such images including written copy that may be created in connection therewith.

All medications must be given to the Camp Nurse at registration. Place them in a large zip lock bag with your child's name and church name. Prescriptions must be in the original container with the camper's name and the current dosage. If your child/youth requires an inhaler, have him/her bring at least two (2) to camp. He/she needs to keep one (1) with him/her and give one (1) to the Camp Nurse. I give my permission for the Camp Nurse to administer over-the-counter medications such as Tylenol, Ibuprofen, Antihistamines, Decongestants, Cough Medicine, or other medications deemed necessary for routine health care, except for any listed on the registration form as "Allergic to".

Student's Name _____ (print)

Parent's Signature: _____ Date ____ / ____ / ____