

2024 YOUTH CAMP
APPLICATION (AGES 7-17)
Camp Lebanon ~ July 15-19

WELLSPRING BAPTIST CHURCH



A registration form for EACH camper and fee are due by June 23, 2024

- I have attached a check made out to Wellspring Baptist Church (Cost: \$150 per camper)
- I would like to be sponsored

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Boy Girl Age: _____ Grade just completed: _____

Father and Mother or Guardian's Name: _____

Home Phone: _____ Cell Phone: _____

Home Church: _____ Phone: _____

Pastor's Name: _____

Medications taken regularly: _____

Reason for taking medication: _____

Special Physical Conditions (Diabetic, Asthma, etc.) _____

Medication camper is allergic to: _____

Other allergies: _____

(Note: All medications sent with campers will be turned over to the counselors for safe keeping and dispensing. Campers may keep their own medications with parent's permission; however they need to be listed for the counselor's knowledge.)

Insurance Company: _____

Policy Holder's Name: _____

Policy Holder's Employer: _____ Policy Number: _____

I authorize the Wellspring Baptist Church (WBC) camp director and/or the director of Camp Lebanon Retreat Center to act for me according to their best judgment in any emergency requiring medical attention. I will not hold the church, counselors, camp or the camp staff liable for any injuries incurred by me or my child. I also understand that in the event of an emergency, my insurance will be used and that the camp insurance is purely secondary. I also give permission for the camp director and/or counselors to administer the medications listed above.

Signature of Parent/Guardian

I agree to abide by the camp rules and regulations.

Signature of Camper