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| **ADULT REGISTRATION FORM (Please return to the Church you are coming with)** |
| Adult NAME [M] [F] |  | CHURCH COMING TO CAMP WITH |
| Mailing Address |
| (CHILDREN’S CAMP/YOUTH RETREAT) Circle One | T-Shirt Size YOUTH XS SM MD LG ADULT SM MD LG XL 2X Circle One |
| Phone Number: |
| **EMERGENCY CONTACT INFORMATION** |
| Name (FIRST AND LAST) |  |  Phone number: |
| 1. Use of tobacco products, non-prescription drugs or alcohol are strictly prohibited.
2. I understand the potential for injury and accidents while at Baptist Hill.
3. I hereby release SCBA, Baptist Hill, their directors and staff from any liability for injury of accidents incurred while at Baptist Hill Camp.
4. I give permission for SCBA to use any photograph or video of me for promotional purposes.
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| Check box to certify that your background check form has been submitted to Shoal Creek Baptist AssociationSIGNATURE: DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For office use only** |  |

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