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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. | | | |
| Check box to certify that your background check form has been submitted to Shoal Creek Baptist Association  SIGNATURE: DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **For office use only** |  | | |

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