

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)

T-Shirt Size YOUTH XS SM MD LG ADULT SM MD LG XL 2X

Circle One

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