

# Girls Camp 2019

## Registration Packet

Circle Six Baptist Camp & Conference Center  
2784 State Hwy 137 – Lenora, TX 79749  
432.458.3467 [info@circle6branch.org](mailto:info@circle6branch.org)  
[www.circle6camp.org](http://www.circle6camp.org)

YOU HAVE SENT YOUR DEPOSITS AND PRE-REGISTRATION INFORMATION,  
NOW WHAT DO YOU DO?

Here is a checklist of what we need before **August 17th, 2019**

- Church recommendation form
- Criminal History check/Sex Offender check
- Child Protection Certificates
- Housing List
- T-Shirt order form
- Registration/Medical Release forms for ALL attendees
- Substitution, addition and cancellation form if needed

Upon arrival at camp, these items are needed

- Final payment (NO personal checks are accepted. MUST be a church check.)
- Medical Administration forms and Medications in a ziplock bag CLEARLY marked with the name of whose medicine it is.

If you have any questions, please contact our office at 432.458.3467.

## Registration Packet Instructions

**REQUIRED ORIGINAL DOCUMENTS:** These two forms can be filled out online. However, they must be PRINTED, SIGNED and MAILED to Circle Six. These forms are required of EVERY person attending camp. Originals forms MUST BE SENT. Copies are not permitted.

1. Church Recommendation Form (Required for EVERY PERSON age 18 and over)
2. Registration/Medical Release Form (Required for EVERY person attending camp)
3. Housing List: Please list all males/females attending camp including sponsors. It is important that this list be accurate to ensure bed space, t-shirt and name tag for each person. \*Make a copy for yourself so you'll have it when you hand out the t-shirts upon arrival to camp.
4. T-Shirt Form: To ensure the correct quantity and size of the camp shirt is ordered for your group, please indicate the desired quantity of each size.

**FORMS REQUIRED BY THE STATE OF TEXAS:** These documents are required for every person age 18 and over attending camp. (Even if one of the 18 year old is considered one of the students, the state requires the following) THESE DOCUMENTS MUST BE MAILED, FAXED OR EMAILED to Circle 6 Camp. We are required to have an actual copy of the background and sex offender check, not a letter stating it has been done.

5. Criminal Background Check: A criminal background check is required by the State of Texas. This report must be current and completed within the last 365 days of the last day of the session of camp. A criminal background check may be performed online at [www.records.txdps.state.tx.us](http://www.records.txdps.state.tx.us) for a nominal charge. It is important that you register as an organization that provides Volunteer Children's Activities to get this for a nominal fee. It is the sponsoring churches responsibility to perform these checks and submit proof of proper documentation. Sex Offender Check: A sex offender check is required by the State of Texas. This report must be current and completed with the last 365 days of the last day of your session of camp. A sex offender background check may be performed online at [www.records.txdps.state.tx.us](http://www.records.txdps.state.tx.us) for no charge. It is the sponsoring churches responsibility to perform these checks and submit proof of proper documentation. These checks must be sent to Circle 6 Camp 30 days prior to the session attending.
6. Child Protection Training Certificates: You may download the training materials and test from our website or obtain the DVD by request and \$10 prepayment from Circle 6 Camp. Plan a time to show the video to all adult sponsors. After the video, give out the test and then grade them. Contact our office for the answer key and blank certificate. If the adult satisfactorily completes the test, give them a copy of certificate of completion. Make two copies of the Child Protection Certificate. Turn in the original to Circle 6 Camp, keep one for the church and one for next year (the course is good for two years but it is NOT Circle 6 Camp's responsibility to keep the next year's certificate).
7. Substitution, addition and cancellation form: If necessary, this form is to be used for cancellations, thus releasing of spots back to Circle 6 Camp. If you are not using all spaces secured by your deposit, please complete the written notification at the bottom of the page so that your church will not be held financially responsible for the balance of unused reservations. It is important for any substitutions and additions to be turned in to Circle 6 Camp prior to camp to ensure enough bed space is available and adjust any camp name tags needed.
8. Final Payment: To date, you should have sent your church registration form and \$50 per camper deposit. Camp fees are due upon arrival to the camp for the session you are attending.

## Adult Sponsor Release Authorization

According to Texas State Department of Health Law, all adult counselors/sponsors that have any direct contact with underage individuals at a camp must provide the following to Circle 6 Camp prior to attending camp:

1. A current criminal and sex offender background check. The search must be within 365 days of camp date. The church is responsible to obtain both background checks and provide required documentation to Circle 6 Camp 30 days prior to camp. Both criminal and sex offender background checks may be performed online at [www.records.txdps.state.tx.us](http://www.records.txdps.state.tx.us).
2. All adults attend and participate in a one hour child abuse and sexual abuse prevention and recognition class. The adult must pass a written exam of the class, prior to contact with underage campers. The Texas State approved course is provided to the church. The church will provide a copy of the certificate to Circle 6 Camp indicating the adult participated in the course and passed the test.
3. The church will provide a letter of recommendation, stating the church leaders recommend the adult as acceptable to participate in camp and be a representative of the church.

I \_\_\_\_\_ representing \_\_\_\_\_, \_\_\_\_\_  
*Print Name of Adult Sponsor/Counselor* *Print Church Name* *City*

hereby acknowledge and authorize the church listed to provide a copy of the criminal and sexual offender background checks to Circle 6 Baptist Camp and Conference Center. I understand I will not be able to participate in camp or be in contact with any underage individuals until the background checks, child protection training, and church letter of recommendation are provided to Circle 6 Camp. I also understand I will not be able to attend camp or be in contact with underage individuals if I have any of the disqualification convictions listed below. Circle 6 Camp handles mandatory documents in compliance with privacy laws. The information obtained is not shared with any other entity.

\_\_\_\_\_  
*Adult Sponsor/Counselor Signature*

\_\_\_\_\_  
*Date*

### **DISQUALIFICATION CONVICTIONS**

Any person with the following types of criminal convictions or deferred adjudications cannot be accepted at camp as a volunteer adult sponsor: a misdemeanor or felony under Texas Penal Code, Title 5 (Offenses Against the Person), Title 6 (Offenses Against the Family), Chapter 29 (Robbery) of Title 7, Chapter 43 (Public Indecency) or 42.072 (Stalking) of Title 9, 15.031 (Criminal Solicitation of a Minor) of Title 4, 38.17 (Failure to Stop or Report Aggravated Sexual Assault of Child) of Title 8, or any like offense under the law of another state or under federal law.

**REQUIRED INFORMATION TO COMPLETE A BACKGROUND CHECK**

**Please print your full name**

LAST

FIRST

MIDDLE

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How long at this address? \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

Sex:  Male  Female Race:  Asian  Black  Hispanic  White  Other \_\_\_\_\_

## IMPORTANT BULLETIN

# THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES CHILD PROTECTION LAWS

### RULES FOR THE PROTECTION OF CHILDREN

#### **Why Is It Important?**

The Texas Department of State Health Services, which is the licensing agent for public camps requires a specified criteria for camp workers and adult sponsors. This law requires any adult who has contact with children at camp to be screened for criminal and sex offender records.

In addition, the adults are also required to take a one hour training course and pass a test regarding child protection and reducing the risk of child abuse and molestation. This law applies to all state licensed youth camps, and is meant for the safety and protection of the children. The required "state approved" one hour training course informs all adults of the effects of child abuse, the methods of operation of child molesters, the signs and symptoms of abuse to watch for and the proper method of reporting abuse. The course also focuses on ways for adults to guard against any situation that could put themselves at risk for accusation.

Statistics show that many child molesters are known and trusted by their victims. Many molesters seek out situations and atmospheres where they are trusted and accepted by those around them, such as the local church. They could even disguise themselves as the ideal children or youth worker in churches or other similar organizations. We do not want to give the impression that camp is automatically suspecting or accusing any of our staff or sponsors at camp of this type of behavior. However, we must be aware of how molesters work and do everything within our power to protect the children that God has entrusted to us.

The best way to deter abuse from happening at our camps is to develop an environment that puts the offender, rather than the child, at risk. An adequate screening process, proper supervision and accountability will discourage this type of offender.

Circle 6 Camp will gladly comply with these state regulations in order to serve the children of our area. We have a responsibility not only to the children, but to the parents and churches we serve to provide a safe and secure environment to learn about God's eternal love.

### REQUIREMENTS

According to Texas State Law, all adult counselors / sponsors that have any direct contact with underage individuals at a Camp must have:

1. A current (within 365 days of camp start date) criminal and sex offender background check performed prior to contact with underage campers. Both criminal and sex offender background checks may be performed online for a nominal charge at: <https://records.txdps.state.tx.us>. It is the sponsoring churches responsibility to perform these checks and submit proof of proper documentation with camp registration.
2. Attend and participate in a one hour child abuse and sexual abuse prevention and recognition class; as well as pass a written exam prior to contact with underage campers. Upon request, Circle 6 Camp can provide a DVD containing the state approved Child Protection Training session and written test material—Price \$10. Call 888-222-3482 to order.
3. Upon successful completion of the Child Protection test, the test administrator (church) must keep the **original** Certificate of Completion on file for two (2) years and supply the camp a photocopy of the certificate.
4. The following documents must be submitted with each Camp Adult Registration (Medical/Liability Release form): (1) Criminal background check, (2) Sex offender background check, and (3) A copy of the certificate Issued by test administrator upon successful completion of the Child Abuse and Sexual Abuse Prevention/Recognition Class, (4) A church letter of recommendation signed by the senior pastor.

Child abuse and Sexual abuse, real or alleged, must be reported to proper authorities.

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The training requirements and other information required by the state, can be found on the Department of State Health Services web site at <http://www.dshs.state.tx.us/youthcamp/statutes.shtm>

## ADULT SPONSOR LETTER OF RECOMMENDATION

Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The following adult (s) will serve as sponsors for the above stated church group. We will be at Circle 6 Camp over the dates of \_\_\_\_\_ through \_\_\_\_\_ attending \_\_\_\_\_ camp.

|                                                                       |               | State Required Documents<br>Circle 6 Camp Office Use Only |                                 |                    |
|-----------------------------------------------------------------------|---------------|-----------------------------------------------------------|---------------------------------|--------------------|
| Name of Adult Volunteer Sponsor<br>(Must be 19 years of age or older) | Date of Birth | Sex Offender<br>Background<br>Check                       | Criminal<br>Background<br>Check | CPT<br>Certificate |
| 1.                                                                    | _ / _ / _     |                                                           |                                 |                    |
| 2.                                                                    | _ / _ / _     |                                                           |                                 |                    |
| 3.                                                                    | _ / _ / _     |                                                           |                                 |                    |
| 4.                                                                    | _ / _ / _     |                                                           |                                 |                    |
| 5.                                                                    | _ / _ / _     |                                                           |                                 |                    |
| 6.                                                                    | _ / _ / _     |                                                           |                                 |                    |
| 7.                                                                    | _ / _ / _     |                                                           |                                 |                    |
| 8.                                                                    | _ / _ / _     |                                                           |                                 |                    |
| 9.                                                                    | _ / _ / _     |                                                           |                                 |                    |
| 10.                                                                   | _ / _ / _     |                                                           |                                 |                    |

ATTESTATION by the pastor, minister and/or church leader.

The above named individuals are known to me/us, and I/we can attest to the character, integrity and ability of each individual to serve as a sponsor. I/we know of no reason why any should not serve as a sponsor for children and youth under the age of eighteen (18). I/we also attest to the fact that each of these sponsors has undergone a background check as mandated by the State of Texas and has successfully completed the required Child Protection Training. I/we recommend them to you as persons who will represent our church or organization in the supervision of our young people.

\_\_\_\_\_  
Pastor Signature Printed Name Date

\_\_\_\_\_  
Church Representative/Position Printed Name Date

Refer to the enclosed Bulletin regarding the Texas Department of State Health Services CHILD PROTECTION LAWS and mandatory requirements for Camp Adult Sponsors. Proper documentation must be submitted with CSBC Registration Medical/Liability Release form.

# REQUEST FOR CHANGES TO GROUP ATTENDEE LIST

ON OR AFTER CAMP REGULAR DEADLINE DATE

If your church group needs to submit a substitution or a pre-registered camper is unable to attend camp, please mail this notification to Circle 6 Baptist Camp & Conference Center – PO Box 976 Stanton TX 79782

Church: \_\_\_\_\_ City: \_\_\_\_\_ Camp attending: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SUBSTITUTION POLICY:** After the session registration deadline, any person enrolling as a substitution must pay an additional \$10. Any processed registration fee for the person they are replacing will be accepted as the substitute's registration fee, with the additional required \$10. **IMPORTANT** - Approval for any substitution must be in writing and authorized with the Camp Office before bringing your group to camp. We also request, if at all possible, substitutions be the same gender as the person they are replacing. Housing assignments are made according to gender. Therefore, confirmation of available bed space for any substitution is important **prior** to arriving at camp.

| Substitution/Addition after session deadline:<br><i>Medical/Liability Release form Required</i> |                                                   |                                                                                                | OFFICE USE ONLY                                                                                                                                            |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Person added: _____<br>Substitution for: _____                                                  | T-shirt Size: _____<br>Circle one:<br>Adult/Youth | <input type="checkbox"/> Student<br>Grade completed ____<br><br><input type="checkbox"/> Adult | ___/___/___ Date rcv'd<br><input type="checkbox"/> Addt'l \$10 fee rcv'd<br><input type="checkbox"/> Medical form<br><input type="checkbox"/> Registration |
| Person added: _____<br>Substitution for: _____                                                  | T-shirt Size: _____<br>Circle one:<br>Adult/Youth | <input type="checkbox"/> Student<br>Grade completed ____<br><br><input type="checkbox"/> Adult | ___/___/___ Date rcv'd<br><input type="checkbox"/> Addt'l \$10 fee rcv'd<br><input type="checkbox"/> Medical form<br><input type="checkbox"/> Registration |
| Person added: _____<br>Substitution for: _____                                                  | T-shirt Size: _____<br>Circle one:<br>Adult/Youth | <input type="checkbox"/> Student<br>Grade completed ____<br><br><input type="checkbox"/> Adult | ___/___/___ Date rcv'd<br><input type="checkbox"/> Addt'l \$10 fee rcv'd<br><input type="checkbox"/> Medical form<br><input type="checkbox"/> Registration |

**CANCELLATION POLICY:** *If cancellation occurs and Circle 6 Camp receives written notification **PRIOR** to the session deadline date:* The non-refundable \$50 deposit may be transferred as a deposit for a substitute camper, or if the full registration fee for the camper cancelling was submitted prior to the deadline and has been processed by Circle 6 Camp ONLY then will the registration fee (minus the \$50 non-refundable deposit) be refunded or the registration paid may be transferred to a substitute camper. *If cancellation occurs **AFTER** the session deadline date:* All registration is non-refundable and may not be applied to an outstanding group balance. However, the registration may be transferred toward payment for an approved substitute camper.

| Cancellation:<br><i>Person the church is cancelling without providing a substitution</i> |                                                                        |                           | OFFICE USE ONLY                                                                            |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------|
| Person: _____                                                                            | <input type="checkbox"/> Student<br><br><input type="checkbox"/> Adult | Date rcv'd<br>___/___/___ | Deleted:<br><input type="checkbox"/> Medical form<br><input type="checkbox"/> Registration |
| Person: _____                                                                            | <input type="checkbox"/> Student<br><br><input type="checkbox"/> Adult | Date rcv'd<br>___/___/___ | Deleted:<br><input type="checkbox"/> Medical form<br><input type="checkbox"/> Registration |

**Written notification:**

I authorize Circle 6 Camp staff to release # \_\_\_\_\_ of reservation (s) initially secured by a \$50 deposit. I understand the above cancellation policy and acknowledge the financial obligation to Circle 6 Camp if notification is given after the session registration deadline.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Signature                                          Church Position                                          Date

## Girls Camp Housing List: GIRLS

This information is required no later than **August 17th, 2019**

This form is **very important** and used for multiple purposes. Please **PRINT legibly** or type the information.

*Keep a copy of this form for your files to be used in submitting possible late registration or substitutions.* A completed and signed Adult & Student Registration/Liability Form and Medical Release form must be provided for each camper and sponsor listed below.

Required Adult to Camper ratio is 1:8 per gender.

Please print neatly; nametags will be made from this list.

| Name               | Grade completed by<br>May 2018 | Adult t-shirt<br>size |
|--------------------|--------------------------------|-----------------------|
| 1                  |                                |                       |
| 2                  |                                |                       |
| 3                  |                                |                       |
| 4                  |                                |                       |
| 5                  |                                |                       |
| 6                  |                                |                       |
| 7                  |                                |                       |
| 8                  |                                |                       |
| <b>9 Sponsor:</b>  | Age: _____                     |                       |
| 10                 |                                |                       |
| 11                 |                                |                       |
| 12                 |                                |                       |
| 13                 |                                |                       |
| 14                 |                                |                       |
| 15                 |                                |                       |
| 16                 |                                |                       |
| 17                 |                                |                       |
| <b>18 Sponsor:</b> | Age: _____                     |                       |
| 19                 |                                |                       |
| 20                 |                                |                       |
| 21                 |                                |                       |
| 22                 |                                |                       |
| 23                 |                                |                       |
| 24                 |                                |                       |
| 25                 |                                |                       |
| 26                 |                                |                       |
| <b>27 Sponsor:</b> | Age: _____                     |                       |

**ALL Sponsors MUST be 19 years of age or older. Anyone under 19 years of age will count in your student ratio.**

Total Female Sponsors: \_\_\_\_\_

Total Female Students: \_\_\_\_\_

### T-Shirt Order Form

T-shirts cannot be guaranteed for guests unless this form is completed and received by the camp office no later than **August 17th, 2019**

Church: \_\_\_\_\_ City: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total number of guests in your group (students and sponsors): \_\_\_\_\_

| Size              | Quantity | For Office Use |
|-------------------|----------|----------------|
| Youth Small       |          |                |
| Youth Medium      |          |                |
| Youth Large       |          |                |
| Adult Small       |          |                |
| Adult Medium      |          |                |
| Adult Large       |          |                |
| Adult Extra Large |          |                |
| Adult 2X          |          |                |
| Adult 3X          |          |                |
| Adult 4X          |          |                |
|                   | Total:   |                |



# CIRCLE 6 CAMP 2019 – STUDENT REGISTRATION FORM

SUMMER CAMP ATTENDING: \_\_\_\_\_ DATE OF CAMP \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_  
 \_\_\_\_\_  
 First Middle Last (indicate name used)

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Apt. # City State Zip Code

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SEX: Male or Female GRADE COMPLETED: \_\_\_\_\_ T-SHIRT: \_\_\_\_\_ Circle Adult or Youth Size

CONTACT NUMBER: Daytime (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY: Circle Yes or No If Yes, explain: \_\_\_\_\_

NAME OF CHURCH WITH WHOM ATTENDING CAMP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PARENT/LEGAL GUARDIAN PHONE #: Daytime: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ I HAVE ATTENDED C6C CAMP BEFORE: Circle Yes or No

## AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER

Circle 6 Baptist Camp & Conference Center will hereinafter be referred to as the "Camp". The Camp requires a signature for anyone attending and participating in any Camp activity including but not limited to Challenge/Ropes Course (highs and lows), Paint Ball, Water Toys, Swimming Pool, Camping, Basketball, Football, Baseball, Softball, Volleyball, GaGa Ball, and any and all other camp and recreational sports and activities. Attendance and activities at Camp may also have exposure to the elements, and animals, such as snakes, and insects. Camp takes all reasonable precautions to ensure a safe and enjoyable experience. Parts of the experience can be physically demanding and include varying levels of stress and anxiety. The decision to attend the Camp and participate in any Camp activity **IS AT ALL TIMES COMPLETELY UP TO THE PARTICIPANT'S CHOICE**. There are risks for participants at any level of activity which must be assumed by the participant. *If there are concerns about participation in any activity, please attach a sheet describing why you or your child should not participate in a specific activity.* I understand that attending Camp and participating in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of participating in Camp activities. **I agree to assume such risks and responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Circle 6 Camp & Conference Center, its owners, officers, directors, trustees, agents, employees, and/or volunteers, from any and all claims for physical and/or emotional injury, that I may have sustained in connection with my attending Camp and with my participation in any and/or all Camp activities.** If you feel that there are any activities in which you or your child should not be involved in, please describe for us on an attached sheet of paper, the activities (include name and church/group name). I understand the directors of Circle 6 Camp reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the Camp as determined by the discretion of the directors. I understand that use of alcohol, tobacco products, illegal drugs, and any kind of weapon is strictly prohibited at all Circle 6 Camp & Conference Center programs.

Furthermore this form releases the Camp to photograph and/or use the photographs of myself or my child for use in its publications, advertising, and promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp.

I have read the **Camp Rules** (Page 3 of 3) and agree to abide by all established regulations. I further understand that if I disregard the Camp rules that I will be dismissed and sent home at my own expense. I understand that I will be held financially responsible for any property damage I might cause.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document. I authorize my son/daughter to participate in all camp activities, unless written notification attached specifies otherwise.

The signature below designates Agreement to Attend, Participate, Assume all Risk, and Release in order to attend Camp and to participate in any Camp activity.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Required Parent or Legal Guardian Signature Date Required Student Camper's Signature Date

## PARENTAL AUTHORIZATION FOR EARLY RELEASE

I understand that my child will return home with the church group he/she arrived with. In the event my child needs to be released early he/she may be released only to the following person, whom is not the parent or Legal Guardian. If a camper is to be released from camp early, both the camper and adult picking up the camper **MUST** officially check out through the main camp office or Health Center. Proper identification is required.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CONTACT #: (\_\_\_\_) \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_

Reason for early release: \_\_\_\_\_

Please do not release my child to: Name: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**X** \_\_\_\_\_ (No signature is required if child is to stay the duration of camp week.)  
 Required Parent or Legal Guardian Signature Date

# CIRCLE 6 CAMP 2019 – STUDENT MEDICAL RELEASE FORM

SUMMER CAMP ATTENDING: \_\_\_\_\_ DATE OF CAMP \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMPER NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ SEX: Male or Female  
First Middle Last Mo Day Year

CHURCH: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PERSON TO NOTIFY IN EVENT OF EMERGENCY: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

PHONE NUMBER OF CONTACT PERSON: DAYTIME (\_\_\_\_) \_\_\_\_\_ EVENING: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

IF UNABLE TO REACH ABOVE PERSON: Notify: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

PHONE NUMBER OF CONTACT PERSON: DAYTIME (\_\_\_\_) \_\_\_\_\_ EVENING: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_ PLAN OR GROUP #: \_\_\_\_\_ (Attach a copy of card)

POLICY HOLDER: \_\_\_\_\_ POLICY HOLDERS DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

| Medical Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Diseases, Chronic or Recurring Illness: (Check all that apply, explain)                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Significant Allergies (specify)</p> <p><input type="checkbox"/> Food: _____</p> <p><input type="checkbox"/> Insect Sting: _____</p> <p><input type="checkbox"/> Medicine/Drug: _____</p> <p><input type="checkbox"/> Plant/Pollen: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Special Diet: _____</p> <p><input type="checkbox"/> Recent Surgery? _____</p> <p><input type="checkbox"/> Date of last Tetanus Shot: ____/____/____ Immunizations Current: yes no</p> | <p><input type="checkbox"/> Asthma: _____</p> <p><input type="checkbox"/> Bleeding Disorder: _____</p> <p><input type="checkbox"/> Dermatological Condition: _____</p> <p><input type="checkbox"/> Diabetes: _____</p> <p><input type="checkbox"/> Ear Infections: _____</p> <p><input type="checkbox"/> Heart Defect: _____</p> <p><input type="checkbox"/> Seizures: _____</p> <p><input type="checkbox"/> Stomach Condition: _____</p> <p><input type="checkbox"/> Emotional: _____</p> |

*State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original container (prescription or over-the-counter) properly labeled as prescribed by law. Prescription labels must have the camper's name and current dosage. A current Medication Administration Authorization Form MUST accompany all medication(s). Medications and Administration instructions will be collected and reviewed by C6C Medical staff upon camper arrival. C6C Medical staff requests that you NOT send over the counter medications such as Tylenol, Ibuprofen, Benadryl or antihistamines. C6C stock an assortment of over the counter medications for the occasional need.*

**Health Care and Camp Permission – All parents/guardians must INITIAL & SIGN the statements below.**

\_\_\_\_\_ I give my permission for first aid techniques and simple health care to be administered as the need arises. I understand in the event of any serious injury or illness on the part of my child/ward, the camp officials reserve the right to seek professional medical attention including but not limited to consultation with medical director, EMS transportation, and hospitalization.

\_\_\_\_\_ I give permission for my child/ward to consultation with the Camp Health Supervisor and/or the medical director's standing orders to be given the following medications as indicated by checking below.

|                                               |                                                                                  |                                   |
|-----------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|
| _____ acetaminophen (i.e. Tylenol)            | _____ Ibuprofen (i.e. Advil)                                                     | _____ decongestant (i.e. Sudafed) |
| _____ antihistamine (i.e. Benadryl, Claritin) | _____ antihistamine cream                                                        | _____ antibacterial ointment      |
| _____ antacid tablet (i.e. Tums)              | _____ additional medications as indicated/prescribed by the C6C Medical Director |                                   |

I hereby attest that all information listed on this Medical Form is complete and accurate to the best of my knowledge that my child/ward is in acceptable health, physical ability, and emotionally ready to fully participate in camp. I grant my permission, as the parent/guardian of the camper mentioned on this form, to participate in all activities associated with the enrolled event with the exceptions of those that are noted.

**Please check which applies:**

I, \_\_\_\_\_ being the legal guardian of \_\_\_\_\_ (camper)  
 OR I, \_\_\_\_\_ attending camp as an 18 year old "Camper"

Give my permission to Circle 6 Camp and Conference Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the well-being of the named student. I do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Circle 6 Camp sponsored activities.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Required Parent or Legal Guardian Signature Date Required Signature of Student Camper 18 years old Date

## Circle 6 Camp & Conference Center

### GENERAL CAMP RULES

#### *(Parent to keep)*

1. Texas Camp Rules requires all medications to be listed on the Registration/Medical Release form, registered with the C6C medical staff and taken to the Health Center. All medications must be in the original bottle and/or container. Medications will be administered as per RX label instructions and dosage, unless written, signed and dated parental instructions state otherwise. A completed Medication Administration Form must be provided with medications. Campers are not to share any medications, including over-the-counter medications.
2. Texas Camp Rules requires Campers who are ill or injured be either in the C6C camp office, medical clinic, or hospital. In the event of illness or injury, campers will not be permitted to remain in the bunkhouse rooms.
3. Texas Camp Rules requires Campers 18 years and younger be under adult supervision at all times while on campus. At no time is a camper to go to the pool without adult supervision.
4. Texas Camp Rules will not allow drugs, alcohol, any form of tobacco, firearms, knives, or any kind of weapon, matches or fireworks to be brought to camp.
5. Texas Camp Rules will not allow Campers to leave Circle 6 Camp without proper parental written authorization and approval of C6C Administrative Staff.
6. Texas Camp Rules will not allow Campers to bring pets on campus. Only Certified Service animals are allowed.
7. Prank supplies are not allowed in the dorms, (i.e. shaving cream, body paint, water balloons, water guns/blasters, etc). There are no exceptions.
8. Camper should not bring the following to camp: Cell Phone, iPods, MP3 player, video games, CD player, Television, Laptop Computer, Play Station or any other type of electronic games or equipment, keepsake or valuable jewelry, collectible or memorabilia sportswear. Circle 6 Camp will not be responsible for the misplacing or theft of camper personal property.
9. Skateboards, longboards, rollerblades, and Heely roller shoes are not allowed.
10. Guests are discouraged from bringing food items. Snacks will attract ants in the dorms. We suggest that if you bring snacks, the food be stored in tightly sealed containers, such as plastic storage containers or zip-lock plastic bags. No electric appliances to be used for food preparation are allowed. The C6C Concession stand will be open throughout the day and each evening.
11. Campers (students and adults) are expected to reflect a Christian example by their dress. **Sponsors, parents, and church leaders** are responsible for the clothing and appearance of the youth and adults attending camp. The manner of dress should be set and clearly communicated prior to leaving home. Modest skirts, dresses, shorts and jeans are acceptable in worship. Immodest short shorts or tops, small tank tops, tight clothes, spaghetti strap tops, distasteful designs or messages, cheer shorts and other extreme clothes are not acceptable at any time. Shorts should be worn over tight yoga style pants. Shorts must be longer than the arm and hand when extended down the side of the person. One-piece swimsuits are preferred. All others require a dark colored t-shirt to be worn over them at all times, including while in the water. Campers may be asked to change their attire if an adult or C6C staff feels their dress is inappropriate.
12. Refrain from public display of affection with others.
13. Under NO circumstances are girls to be in boy dorms, or boys in girl dorms.
14. No fighting or inappropriate/profane language is allowed.
15. Students are to respect all adult leaders and follow their instructions. All adults-members of C6C leadership team, church leadership teams, and adult volunteers-are in places of authority over all students. C6C staff and volunteers have been trained to facilitate each activity.
16. Campers must attend all scheduled events. (If your group is in an activity, whether in the classroom or on the athletic field, you must be with them.) There are no exceptions to this unless the camper is injured or sick and are at the C6C Health Center, doctor's office or hospital.
17. Camper MUST be in the bunkhouse by designated camp curfew. Curfew is for the safety and well-being of campers and staff.
18. Each Camper will be issued a nametag upon arrival, which is to be worn at all times. Nametags are required at the Health Center before a camper can be given medical attention or medication.
19. Campers and/or church group leadership will be held financially responsible for any property damages that occur during their stay at C6C. Campers should refrain from writing on furniture or walls. Do not use duct tape to affix signs to doors or walls.
20. For your safety, guests are not allowed on any C6C "Restricted" property areas.

# CIRCLE 6 CAMP 2019– ADULT REGISTRATION FORM

SUMMER CAMP ATTENDING: \_\_\_\_\_ DATE OF CAMP \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last (indicate name used)

MAILING ADDRESS: \_\_\_\_\_  
Street Apt. # City State Zip Code

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SEX: Male or Female T-SHIRT: \_\_\_\_\_

CONTACT NUMBER: Daytime (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY: Circle Yes or No If Yes, explain: \_\_\_\_\_

NAME OF CHURCH OF GROUP WITH WHOM ATTENDING CAMP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

## **AGREEMENT TO ATTEND, PARTICIPATE, ASSUMPTION OF RISK AND LIABILITY WAIVER**

Circle 6 Baptist Camp & Conference Center will hereinafter be referred to as the "Camp". The Camp requires a signature for anyone attending and participating in any Camp activity including but not limited to Challenge/Ropes Course (highs and lows), Paint Ball, Water Toys, Swimming Pool, Camping, Basketball, Football, Baseball, Softball, Volleyball, GaGa Ball and any and all other camp and recreational sports and activities. Attendance and activities at Camp may also have exposure to the elements, and animals, such as snakes, and insects. Camp takes all reasonable precautions to ensure a safe and enjoyable experience. Parts of the experience can be physically demanding and include varying levels of stress and anxiety. The decision to attend the Camp and participate in any Camp activity **IS AT ALL TIMES COMPLETELY UP TO THE PARTICIPANT'S CHOICE**. There are risks for participants at any level of activity which must be assumed by the participant. *If there are concerns about participation in any activity, please attach a sheet describing why you or your child should not participate in a specific activity.*

I understand that attending Camp and participating in any Camp activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of participating in Camp activities. I agree to assume such risks and responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Circle 6 Baptist Camp and Conference Center, it's owners, officers, directors, trustees, agents, employees, and/or volunteers, from any and all claims for physical and/or emotional injury, that I may have sustained in connection with my attending Camp and with my participation in any and/or all Camp activities. I understand the directors of Circle 6 Camp reserve the right to dismiss, without refund, any camper whose influence is detrimental to the operation of the Camp as determined by the discretion of the directors. I understand that use of alcohol, tobacco products, illegal drugs, and any kind of weapon is strictly prohibited at all Circle 6 Camp programs.

Furthermore this form releases the Camp to photograph and/or use the photographs of myself for use in its publications, advertising, and promotional purposes, internet, and/or visual presentations which inform people of the services and activities of Camp.

I have read the **Camp Rules** (Page 3 of 3) and agree to abide by all established regulations. I further understand that if I disregard the Camp rules that I will be dismissed and sent home at my own expense. I understand that I will be held financially responsible for any property damage I might cause.

I have read (or had read to me) this complete document and I understand the information contained herein. I have freely and voluntarily signed this document. I authorize my son/daughter to participate in all camp activities, unless written notification attached specifies otherwise.

The signature below designates Agreement to Attend, Participate, Assume all Risk, and Release in order to attend Camp and to participate in any Camp activity.

**X** \_\_\_\_\_  
Adult Sponsor/Leader Signature

\_\_\_\_\_  
Date

# CIRCLE 6 CAMP 2019– ADULT MEDICAL RELEASE FORM

SUMMER CAMP ATTENDING: \_\_\_\_\_ DATE OF CAMP \_\_\_\_/\_\_\_\_/\_\_\_\_ THRU \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMPER NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SEX: Male or Female  
First Middle Last Mo Day Year

CHURCH: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PERSON TO NOTIFY IN EVENT OF EMERGENCY: \_\_\_\_\_ RELATIONSHIP TO CAMPER: \_\_\_\_\_

PHONE NUMBER OF CONTACT PERSON: DAYTIME (\_\_\_\_) \_\_\_\_\_ EVENING: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

IF UNABLE TO REACH ABOVE PERSON: Notify: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

PHONE NUMBER OF CONTACT PERSON: DAYTIME (\_\_\_\_) \_\_\_\_\_ EVENING: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_ PLAN OR GROUP #: \_\_\_\_\_ (Attach a copy of card)

POLICY HOLDER: \_\_\_\_\_ POLICY HOLDERS DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

| Medical Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Diseases, Chronic or Recurring Illness: (Check all that apply, explain)                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Significant Allergies (specify)</p> <p><input type="checkbox"/> Food: _____</p> <p><input type="checkbox"/> Insect Sting: _____</p> <p><input type="checkbox"/> Medicine/Drug: _____</p> <p><input type="checkbox"/> Plant/Pollen: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Special Diet: _____</p> <p><input type="checkbox"/> Recent Surgery? _____</p> <p><input type="checkbox"/> Date of last Tetanus Shot: ____/____/____ Immunizations Current: yes no</p> | <p><input type="checkbox"/> Asthma: _____</p> <p><input type="checkbox"/> Bleeding Disorder: _____</p> <p><input type="checkbox"/> Dermatological Condition: _____</p> <p><input type="checkbox"/> Diabetes: _____</p> <p><input type="checkbox"/> Ear Infections: _____</p> <p><input type="checkbox"/> Heart Defect: _____</p> <p><input type="checkbox"/> Seizures: _____</p> <p><input type="checkbox"/> Stomach Condition: _____</p> <p><input type="checkbox"/> Emotional: _____</p> |

*State law requires all medications to be placed in the campus Health Center. All medications must be brought in the original container (prescription or over-the-counter) properly labeled as prescribed by law. Prescription labels must have the camper's name and current dosage. A current Medication Administration Authorization Form MUST accompany all medication(s). Medications and Administration instructions will be collected and reviewed by C6C Medical staff upon camper arrival. C6C Medical staff requests that you NOT send over the counter medications such as Tylenol, Ibuprofen, Benadryl or antihistamines. C6C stock an assortment of over the counter medications for the occasional need.*

**Health Care and Camp Permission – All adults INITIAL & SIGN the statements below.**

\_\_\_\_\_ I give my permission for first aid techniques and simple health care to be administered as the need arises. I understand in the event of any serious injury or illness, the camp officials reserve the right to seek professional medical attention including but not limited to consultation with medical director, EMS transportation, and hospitalization.

\_\_\_\_\_ I give permission to consultation with the Camp Health Supervisor and/or the medical director's standing orders to be given the following medications as indicated by checking below.

|                                               |                                                                                  |                                   |
|-----------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------|
| _____ acetaminophen (i.e. Tylenol)            | _____ Ibuprofen (i.e. Advil)                                                     | _____ decongestant (i.e. Sudafed) |
| _____ antihistamine (i.e. Benadryl, Claritin) | _____ antihistamine cream                                                        | _____ antibacterial ointment      |
| _____ antacid tablet (i.e. Tums)              | _____ additional medications as indicated/prescribed by the C6C Medical Director |                                   |

I hereby attest that all information listed on this Medical Form is complete and accurate to the best of my knowledge that I am in acceptable health, physical ability, and emotionally ready to fully participate in camp. I agree to participate in all activities associated with the enrolled event with the exceptions of those that are noted. **Please check which applies:**

I, \_\_\_\_\_ Give my permission to Circle 6 Camp and Conference Center's management, medical staff, and/or the group director to provide medical treatment that may be deemed necessary to insure the my well-being. I, the undersigned, do hereby release and forever discharge all from any and all claims, demands, actions or cause of action arising out of damage or injury while participating in Circle 6 Camp sponsored activities.

**X** \_\_\_\_\_  
 Adult Sponsor/Leader Signature

\_\_\_\_\_  
 Date

## Circle 6 Camp & Conference Center

### GENERAL CAMP RULES (*Adult Sponsor to keep*)

1. Texas Camp Rules requires all medications to be listed on the Registration/Medical Release form, registered with the C6C medical staff and taken to the Health Center. All medications must be in the original bottle and/or container. Medications will be administered as per RX label instructions and dosage, unless written, signed and dated parental instructions state otherwise. A completed Medication Administration Form must be provided with medications. Campers are not to share any medications, including over-the-counter medications.
2. Texas Camp Rules requires Campers who are ill or injured be either in the C6C camp office, medical clinic, or hospital. In the event of illness or injury, campers will not be permitted to remain in the bunkhouse rooms.
3. Texas Camp Rules requires Campers 18 years and younger be under adult supervision at all times while on campus. At no time is a camper to go to the lake and/or pool without adult supervision.
4. Texas Camp Rules will not allow drugs, alcohol, any form of tobacco, firearms, knives, or any kind of weapon, matches or fireworks to be brought to camp.
5. Texas Camp Rules will not allow Campers to leave Circle 6 Camp without proper parental written authorization and approval of C6C Administrative Staff.
6. Texas Camp Rules will not allow Campers to bring pets on campus. Only Certified Service animals are allowed.
7. Prank supplies are not allowed in the dorms, (i.e. shaving cream, body paint, water balloons, water guns/blasters, etc). There are no exceptions.
8. Camper should not bring the following to camp: Cell Phone, iPods, MP3 player, video games, CD player, Television, Laptop Computer, Play Station or any other type of electronic games or equipment, keepsake or valuable jewelry, collectible or memorabilia sportswear. Circle 6 Camp will not be responsible for the misplacing or theft of camper personal property.
9. Skateboards, longboards, rollerblades, and Heely roller shoes are not allowed.
10. Campers are discouraged from bringing food items. Snacks will attract ants in the dorms. We suggest that if you bring snacks, the food be stored in tightly sealed containers, such as plastic storage containers or zip-lock plastic bags. No electric appliances to be used for food preparation are allowed. The C6C Concession stand will be open throughout the day and each evening.
11. Campers (students and adults) are expected to reflect a Christian example by their dress. **Sponsors, parents, and church leaders** are responsible for the clothing and appearance of the youth and adults attending camp. The manner of dress should be set and clearly communicated prior to leaving home. Modest skirts, dresses, shorts and jeans are acceptable in worship. Immodest short shorts or tops, small tank tops, tight clothes, spaghetti strap tops, distasteful designs or messages, cheer shorts and other extreme clothes are not acceptable at any time. Shorts should be worn over tight yoga style pants. Shorts must be longer than the arm and hand when extended down the side of the person. One-piece swimsuits are preferred. All others require a dark colored t-shirt to be worn over them at all times, including while in the water. Campers may be asked to change their attire if an adult or C6C staff feels their dress is inappropriate.
12. Refrain from public display of affection with others.
13. Under NO circumstances are girls to be in boy dorms, or boys in girl dorms.
14. No fighting or inappropriate/profane language is allowed.
15. Students are to respect all adult leaders and follow their instructions. All adults-members of C6C leadership team, church leadership teams, and adult volunteers-are in places of authority over all students. C6C staff and volunteers have been trained to facilitate each activity.
16. Campers must attend all scheduled events. (If your group is in an activity, whether in the classroom or on the athletic field, you must be with them.) There are no exceptions to this unless the camper is injured or sick and are at the C6C Health Center, doctor's office or hospital.
17. Camper MUST be in the bunkhouse by designated camp curfew. Curfew is for the safety and well-being of campers and staff.
18. Each Camper will be issued a nametag upon arrival, which is to be worn at all times. Nametags are required at the Health Center before a camper can be given medical attention or medication.
19. Campers and/or church group leadership will be held financially responsible for any property damages that occur during their stay at C6C. Campers should refrain from writing on furniture or walls. Do not use duct tape to affix signs to doors or walls.
20. For your safety, guests are not allowed on any C6C "Restricted" property areas.

# HEALTH SCREENING

Church Name: \_\_\_\_\_

**To be completed by the church sponsor on the day of departure to camp. This will be reviewed with you by the Health Center Staff when you come through registration.**

Please list for the Health Center the names of campers or adults who:

1. Are taking medications - prescription and / or over the counter
2. Have special health needs (ie: asthma, diabetes, physical limitations, etc....)
3. Have allergies to foods, medicines, and insect stings
4. Have emergency medicines they keep with them (ie: rescue inhalers, epi-pens)
5. Have had change in circumstances since their Medical Form was done, including
  - a. any visit to a doctor or clinic in the last week
  - b. any recent illness, injury, rash, or allergic reaction;
  - c. fever or other signs of illness or infection in the last 48 hours (i.e. nausea, vomiting, diarrhea, cold);
  - d. contact with sick friends or family members in the last 48 hours;
  - e. any daily medication taken 2 weeks prior to camp or treatment for head lice within past month

| Name | Screening comment |
|------|-------------------|
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Print Leader Name \_\_\_\_\_ Phone # while at camp \_\_\_\_\_

Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

# Medication Administration Form Directions

**DO NOT MAIL THIS FORM**

**SEND THIS FORM TO CAMP WITH CAMPER and MEDICATION**

Circle 6 Baptist Camp & Conference Center, *in keeping with Texas Department of State Health Services Rules*, requires that all students **AND** adults who need medication during their stay at camp comply with the following:

- **ALL** medications, prescription & over the counter, must be in the **Original bottle**.
- Prescription medication must be properly labeled, if dosage on the bottle is different then what is to be given a note from the doctor must accompany the medication with current instructions.
- Over the counter medication will be given according to the directions on the label (ie: age appropriate, amount, time intervals) unless accompanied by a note from a doctor stating otherwise.
- PLEASE put medication(s) and form in a zip-lock type plastic bag with the student's name and church written with a marker on the outside of the bag.
- **DO NOT** pack this in the suitcase. ***All Medication Forms and medication should be given to the church Contact Person the day of departure to camp.*** Upon arrival at Circle 6 Camp, the Contact Person will be responsible for bringing all medications and forms to the camp registration area and turning over to the Camp Medical Staff.

If necessary, make additional copies of this Form in order to provide requested information for each medication. This Form will be reviewed by our Medical Staff and you will be called if there are any questions as to the administration of medications. If you have any questions about sending medication to camp, please call our office at

432.458.3467

Parents should emphasize to their child it is the **CHILD'S responsibility** to go to the health center to take their medications.



# Medication Administration Form

## CURRENT MEDICATION INFORMATION:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

Church group student came with: \_\_\_\_\_ Church City & State: \_\_\_\_\_

As the parent or legal guardian of the above-named child, I give my permission to the enlisted Circle 6 Camp Medical Staff to **administer as prescribed by law** the listed below medication to my child.

\_\_\_\_\_  
Parents/Guardian Signature Date Daytime Phone # Evening Phone #

**Medication:** \_\_\_\_\_

Purpose for medication use (e.g. allergies, asthma, antibiotic) \_\_\_\_\_

Form of medication: \_\_\_\_ Tablet \_\_\_\_ Pill \_\_\_\_ Capsule \_\_\_\_ Liquid \_\_\_\_ Inhalation \_\_\_\_ Other (specify) \_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Purpose for medication use (e.g. allergies, asthma, antibiotic) \_\_\_\_\_

Form of medication: \_\_\_\_ Tablet \_\_\_\_ Pill \_\_\_\_ Capsule \_\_\_\_ Liquid \_\_\_\_ Inhalation \_\_\_\_ Other (specify) \_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Purpose for medication use (e.g. allergies, asthma, antibiotic) \_\_\_\_\_

Form of medication: \_\_\_\_ Tablet \_\_\_\_ Pill \_\_\_\_ Capsule \_\_\_\_ Liquid \_\_\_\_ Inhalation \_\_\_\_ Other (specify) \_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Purpose for medication use (e.g. allergies, asthma, antibiotic) \_\_\_\_\_

Form of medication: \_\_\_\_ Tablet \_\_\_\_ Pill \_\_\_\_ Capsule \_\_\_\_ Liquid \_\_\_\_ Inhalation \_\_\_\_ Other (specify) \_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

**Medication:** \_\_\_\_\_

Purpose for medication use (e.g. allergies, asthma, antibiotic) \_\_\_\_\_

Form of medication: \_\_\_\_ Tablet \_\_\_\_ Pill \_\_\_\_ Capsule \_\_\_\_ Liquid \_\_\_\_ Inhalation \_\_\_\_ Other (specify) \_\_\_\_\_

Dosage (amount to be given): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

## Pizza Order Form

On the last day, as you head home – take some pizza with you!

Cost \$10 per pizza

Church Name: \_\_\_\_\_ City: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Camp attending: \_\_\_\_\_ Date of Camp: \_\_\_\_\_

Indicate how many you'd like:

Pepperoni \_\_\_\_\_

Sausage \_\_\_\_\_

Cheese \_\_\_\_\_

Total due: \_\_\_\_\_

## What to bring to camp Checklist

- Medications to be taken while at camp PLUS completed medication administration form
- Bible (with name and address in it)
- Pen/ Pencil/ Notebook/ Journal
- Alarm clock (not clock radio)
- Closed toe shoes /Tennis shoes And an extra pair of shoes
- Sleeping bag or twin sized sheets pillow and blanket
- Bath towel Washcloths, and bath soap
- Beach towel for water recreation
- Modest swimsuit (must be one-piece)
- Sunscreen
- Insect repellent
- flashlight
- Casual clothing (refer to camp rules for dress code)
- Grungy clothing for messy recreation games
- Laundry bag
- Personal hygiene items: Toothbrush, Toothpaste, Brush, Shampoo, Soap, Deodorant
- A fantastic attitude and a desire to draw closer to God

## Optional items to bring to Camp

- Camera (with name on it)
- Water bottle
- Hat
- Backpack to carry your belongings
- Guitar or musical instrument
- Spending money for Gift shop, Concessions, Snacks and vending machines
- Mission emphasis donation

**Circle 6 Camp is not responsible for lost, stolen or damaged personal items brought to camp**

## What NOT to Bring to Camp Check List

- Food Items (they attract ants to the dorm)
- Cell Phones, iPod, iPad, Mp3 Players, video games, CD players, computers, TVs, or any other type of electronic Gaming equipment. Only Adult Sponsors can bring cell phones.
- Keepsakes and valuable jewelry
- Collectable or memorable sportswear
- Skateboard, Rollerblades, Heely Roller shields
- Prank Supplies (Body Paint, Shaving Cream, Water Balloons, Water Guns, etc)
- Illegal Drugs, Alcohol, tobacco of any kind
- Firearms, knives, or weapons of any kind
- Fireworks or matches
- Immodest clothing or with questionable sayings slogans (refer to camp dress code)