



2024 Camp NaCoMe Registration Form (July 12 – 14, 2024)

CAMPER OR CHAPERONE INFORMATION			
Participant Name: (First & Last)		Birth Date:	Age: (<i>Minors Only</i>)
Home Address:		Gender: Male or Female (Circle One)	
City:	State:	Zip Code:	How are you attending: Camper or Chaperone (Circle One)
Allergies or Medical Conditions: (i.e., allergic to bees, Diabetes, Autism)			
Dietary Restrictions:			
Daily Medicines	Dosage	Specific Times Taken Each Day:	
Parent/Guardian Name(s):			
Parent/Guardian Cell Number(s):		Parent/Guardian Email Address(es):	
Parent/Guardian Home Address: (If different from above)			
Other emergency contact:			
Name:	Relationship:	Cell Number:	
MEDICAL INSURANCE INFORMATION			
Is the camper or chaperone covered by family medical / hospital insurance? Yes or No (Circle One)			
If so, indicate carrier or plan name:		Carrier Phone #	
Primary Name		Primary DOB	
Member ID #		Group #	
* A photocopy of the front and back of the health insurance card must be attached to this form.			
STATEMENT OF AUTHORIZATION (Parent/Guardian)			
Initial each box below to confirm that you have read and understand each statement listed.			
	I hereby submit registration for the associated camper or myself to attend Camp NaCoMe with Foster Chapel Baptist Church. I am aware all campers/chaperones must pay a \$50 camp fee (non-refundable).		
	I understand that any misconduct or inappropriate behavior will NOT be tolerated and may result in the camper being sent home early. I also understand that I will be responsible for all charges incurred for my child being sent home early due to misconduct or inappropriate behavior. Inappropriate behavior may result in the camper being denied to attend future camping trips.		
	I give permission for interviews, photographs, or video footage of my child or myself to be used by NaCoMe and Foster Chapel Baptist for promotional purposes.		
	I give permission for NaCoMe and Foster Chapel Baptist and its designees to transport my child or myself for participation in an activity and/or for health or safety.		
	I understand that there are risks of possible injury or death by reason of participation in camp or outdoor activities and I assume those risks for my child or myself.		
	I further agree for my child and/or myself to hold NaCoMe and Foster Chapel Baptist and its agents and trustees harmless from any and all claims for damages, injury or loss to person or property or death in connection with a Camp NaCoMe activity, except to the extent claims are caused by gross negligence or willful misconduct of NaCoMe or Foster Chapel Baptist.		
	I give permission to the physician selected by NaCoMe or Foster Chapel Baptist to hospitalize or secure medical treatment for my child or myself. I also, authorize for the release of my medical records for my child or myself in case of an emergency.		

Signature of Parent / Guardian or Adult Participant _____
 Printed Name _____ Date _____