

CAMPAMENTO ADULT CAMPER REGISTRATION & HEALTH FORM

Church Name: _____ City: _____ Camp Dates: July 13th – 17th, 2026
Adult Camper Name: _____ Date of Birth: _____ Age: _____ Sex: (M/F) _____
Phone Number: _____ Email: _____
Street Address: _____ City: _____ Zip: _____
Emergency Contact: _____ Relationship: _____
Phone Number: _____ Email: _____
Street Address: _____ City: _____ Zip: _____
Additional Chaperone/Counselor Name: _____ Additional Chaperone/Counselor Number: _____

ADULT CAMPER’S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my consent to participate in all camp activities. Further, in consideration for Campamento agreeing to accept me as a camper, I hereby personally assume all risks in connection with my attendance and participation in the events at Campamento.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

In the event that I am injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to me in response to said injury.

3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my family/personal health and accident insurance will be the primary coverage.

4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless Texas Baptists, Campamento, its trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my participation in camp activities in any form or fashion. I further agree to release and hold Texas Baptists, Campamento, its trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my participation in activities at Campamento.

5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care, to be rendered to me, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the Campamento health staff to render first-aid and to administer medications as prescribed and programmed on the Dosage & Frequency Chart, completed by me.

6. NON PRESCRIPTION MEDICATIONS

I give my permission to the camp’s health supervisor, or other health center staff, to administer non-prescription, over-the-counter medications to me based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or ibuprofen, for mild fever or pain; Benadryl or Claritin, of allergy symptoms; Pepto-Bismol, for diarrhea; cortisone cream, for bug bites; calamine, for poison ivy; and so on.

7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by me, including any acts of graffiti.

8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

I agree to obey and observe all camp rules, and to fully cooperate with the camp leadership, camp staff, and other campers. I agree that, if in the judgment of the camp leadership and/ or camp staff, I becomes a discipline problem, I may be sent home, at my expense, and that I will forfeit all camp fees paid.

9. USE OF CAMPER’S PHOTOGRAPH and ANY VIDEO FEATURING THE CAMPER FOR PROMOTIONAL PURPOSES ON SOCIAL MEDIA

I agree and consent that my photograph may be used for promotional purposes or publicity material by Campamento.

I acknowledge that I am the camper and by my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

ADULT CAMPER’S NAME (Printed)

ADULT CAMPER’S SIGNATURE

DATE

Camper's Name: _____ Church: _____

Church City: _____

Insurance Information (You may attach a photocopy of your current Health/Accident Insurance Card.)

Insured Member's Name: _____ Member ID: _____

Health Insurance Provider: _____ Group ID: _____

Health Insurance Provider Phone Number(s): _____

Primary Care Physician: _____ Phone: _____

General Health Information (If necessary, attach additional copies of information)

Past Medical History (Health concerns/issues, chronic or recurring illnesses or diseases, pre-existing injuries before attending camp):

Medical Allergies:

Food Allergies:

Date of Last Tetanus Shot (You can write "Current"): _____

CAMPER MEDICAL POLICY AND INSTRUCTIONS

1. All medications must be properly labeled and kept in original containers. Check expiration dates. No expired medications will be given.
2. All prescription and non-prescription medications must be presented to camp health center personnel upon arrival at Campamento.
3. All medications must be stored and dispensed from the camp health center (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
4. Diabetics must bring a copy of their Diabetes Management Plan.
5. Non-prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
6. EpiPens or emergency inhalers may be kept with the camper. (Please send an extra one to be kept in the health center) Health center personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not completely relieved the camper must be brought to the health center for evaluation.
7. List any medical problem, medical alert, allergy, or other relevant health concern/issue under General Health Information.
8. List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the Medication Dosage and Frequency Chart.
9. Place all medications and a copy of Page 2 of this form in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church

MEDICATION DOSAGE AND FREQUENCY CHART

Place all medications and a copy of this page in a heavy-duty, quart sized zip-lock bag. Print the camper's name and name of the church and city on the outside of the zip-lock bag using a permanent marker. If necessary, make additional copies of the Dosage and Frequency Chart.

MEDICATION	DOSAGE	TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		AM:					
		PM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		AM:					
		PM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		AM:					
		PM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		AM:					
		PM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		AM:					
		PM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>