

# 2026 WAVE CAMPER REGISTRATION & HEALTH FORM

July 5 – 9, 2026

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: ( M / F )  
Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed by End of School Year  
2025 \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_  
Zip \_\_\_\_\_  
Name of Church Camper: \_\_\_\_\_ City: \_\_\_\_\_

## Parent/Guardian Info

Full Name Parent /Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Parent /Legal Guardian Email: \_\_\_\_\_  
Phone Number: Cell: \_\_\_\_\_ Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_  
Full Name Parent /Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: Cell: \_\_\_\_\_ Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_  
Parent /Legal Guardian Email: \_\_\_\_\_

## Non-Parent/Guardian Emergency Contact

Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PARENT/ LEGAL GUARDIAN'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 child permission to participate in all camp activities. Further, in consideration for WAVE agreeing to accept the above-named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at WAVE.

### 2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

In the event that my child is 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 my child 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, WAVE, it's trustees, employees, agents and representatives for any injury, harm or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold Texas Baptists, WAVE, it's trustees, employees, agents and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at WAVE.

### 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 my child, 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 WAVE health staff to render first-aid and to administer medications as prescribed and programmed on the Dosage & Frequency Chart, executed by the parent or guardian.

### 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 my child 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 my child, including any acts of graffiti.

### 8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

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

### 9. USE OF CHILD'S PHOTOGRAPH AND ANY VIDEO FEATURING THE CHILD FOR PROMOTIONAL PURPOSES ON SOCIAL MEDIA

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by WAVE.

### 10. COVID-19 RELEASE AND HOLD HARMLESS AGREEMENT

I understand that while WAVE Camp is taking reasonable measures to help prevent the spread of COVID-19 in any public space where people are present. I understand that it is my decision to allow the above-named camper to participant in camp given the risks associated with a summer camp environment. After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold-harmless the

Texas Baptists/WAVE Camp and its trustees, employees, agents and representatives form and against, all claims and liability resulting from exposure to disease causing organisms and contaminated objects, such as COVID-19, associated with attending and participating in camp at WAVE.

I acknowledge that I am the parent or authorized guardian of the above-named child. By my signature below, I acknowledge that I have read and understood the information set forth above, including the Release and Hold Harmless Agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## 2026 WAVE CAMPER REGISTRATION & HEALTH FORM

July 5<sup>th</sup> – 9<sup>th</sup>, 2026

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Church: \_\_\_\_\_

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 which address camper health concerns.)

List any health concern/issue that would be relevant to an attending physician in the case of an emergency:

\_\_\_\_\_

List any chronic or recurring illnesses or diseases: List any food, medicine, or other significant allergies:

\_\_\_\_\_

List any pre-existing injuries which occurred BEFORE attending camp:

\_\_\_\_\_

Date of last tetanus shot (you can write "current"): \_\_\_\_\_ (Attach current shot record - Optional)

### 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 WAVE.
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 & Frequency Chart

Place All Medication And a copy, of this page in a heavy duty court size zip lock bag. Print the campers name and name of church on the outside of the Ziploc bag using a permanent marker. If necessary make additional copies of the dosage and frequency chart.

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday
	1. _____ 2. _____ 3. _____	_____	_____	_____	_____	_____
	1. _____ 2. _____ 3. _____	_____	_____	_____	_____	_____
	1. _____ 2. _____ 3. _____	_____	_____	_____	_____	_____
	1. _____ 2. _____ 3. _____	_____	_____	_____	_____	_____