

Please fill out one application for each child or youth who will be attending camp. Applications must be filled out entirely and signed by a parent or guardian.

Please circle the camp are you applying for: (*Eligibility is determined by grade completed*)

Children's Camp
June 22-June 26, 2026
Grades 2 - 6

Youth Camp
June 29-July 3, 2026
Grades 6 - 12

Name of Child (*Please Print*) _____

Name of Parent/Guardian _____

Address _____

Home Phone () _____ - _____ Work Number () _____ - _____

Cell Phone () _____ - _____ Emergency # () _____ - _____

Email _____

Gender (*Please circle the correct choice*) - MALE FEMALE

Birthdate _____ School Grade completed _____
Month Day Year of Birth

Church Name you are applying to participate with: _____

Has this Child become a Christian? _____ Has this Child been baptized? _____

What size T-shirt do you prefer for your child?
(*Please circle your preference: All are adult sizes*) S M L XL XXL XXXL

HEALTH FACTS

Generally, Participant's health is: (circle) Excellent Good Fair Poor

If health is not excellent, please explain condition

List any medical difficulties or injuries for which Participant is being treated

List any medicines or substances to which Participant is allergic

List any medications Participant is currently taking

List any special diet Participant may require

Has the Participant had a Tetanus shot within the last 10 years? (Yes / No)

Insurance Information

Family Physician _____ Physician’s Phone _____

Health Insurance Provider/Company _____

Policy # _____ Subscriber Name _____

Subscriber # _____ Place of Employment _____

Subscriber Occupation _____

(Please include a copy of your medical insurance card for your child)

Waiver

Each of the undersigned affirms that each is mindful of the risks of illness injury in the activities available at the event operated by Lincoln Association of Baptists (LAB) and the undersigned assume full risk and responsibility for any illnesses, accidents or injuries to the Participant. Each of the undersigned represents and warrants that the Participant has no physical or mental condition which creates an unusual or undue risk of illness, accident or injury while engaged in event activities. In consideration for permitting Participant to enroll in said activities offered by LAB the undersigned for themselves, their family, heirs, executors, administrators, assigns and Participant hereby voluntarily releases and discharges LAB and any of its officers, directors, agents, servants, affiliates or employees for any claim of illness, personal injury, property damage or wrongful death arising out of or in any way related to Participant’s presence at and/or participation in a LAB event, wherever or however it may occur, whether caused by negligence of LAB, its employees, officers, directors, agents, servants, affiliates or other persons or entities conducting or sponsoring the event, or otherwise.

Parent(s) further agree to indemnify and hold harmless LAB or any of its officers, directors, agents, servants, affiliates and employees from all claims including attorney’s fees and costs of defense for illness, personal injury, property damage or wrongful death which Participant may sustain or cause to third parties or LAB in the course of participating in this activity. The undersigned further agree that should there be any injury or illness to the Participant, Parent’s health insurance shall be the carrier primarily responsible for Participant’s medical expenses.

The undersigned hereby grants permission for LAB to obtain necessary medical treatment in case of illness or injury to the Participant. Medical treatment means any medical, chiropractic, optometric, or dental examination, diagnostic procedure, and treatment, including but not limited to hospitalization, radiology services, pharmacy services, and blood testing. This authorization is intended to, and does hereby, grant to LAB full power and authority to do and perform each and every act and thing whatsoever requisite, necessary and proper to be done as we might or could do if personally present, hereby ratifying and confirming all that LAB shall do or cause to be done by virtue of the authority granted hereby.

Photo Waiver

I hereby authorize the use of any photographs of my child taken while at the camp to be used by the camp in any promotional material or on social media. I further understand and acknowledge that other camp participants may take and post photographs of my child.

Signed: _____
(Participant) *(Date)*

Signed: _____
(Parent or Legal Guardian) *(Date)*