

(All ADULTS attending BCBA for 3 or more nights while minors are present must fill out this top form in its entirety)

2011 BCBA SPONSOR APPROVAL FORM FOR:

(Please Print)

Sponsor Name: _____ **M/F (Circle) Dates of Event:** _____

I hereby authorize (your church/organization) _____ to obtain information about me from various law enforcement agencies, courts and corrections agencies. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile of this consent shall be as effective as the original.

Other Names I Have Used (Maiden, alias', legal name change, etc.): _____ DL#:

State: _____ Soc. Sec. #: _____ - _____ - _____

Phone #: (____) - _____ - _____ Cell#: (____) - _____ - _____

Previous Addresses in past 7 years:

- 1) _____
- 2) _____

Have you ever been convicted of a felony or misdemeanor? Yes No (circle) If "Yes" please explain on back:

I, the undersigned, have completed a State of Texas Approved Child Protection Training Course and have correctly answered at least 80% of the questions on the final exam. Furthermore, while I am on the BCBA property, I will be able to present the proper documentation proving that I have satisfactorily completed this course upon request. By my signature, I affirm, that all information on this form is true and accurate.

Applicant's Signature: X _____ **Date:** _____

(To Be Filled Out by Church/Organizational Leadership)

I, the undersigned, have performed a **Criminal Background Check and Child Abuse Registry Check** on the above BCBA Sponsor Applicant and have found no felony or sexual offense convictions listed. I understand that these Background Checks do not need to be turned into the BCBA Camp Office. However, these Background Checks will be brought to the campgrounds and will be readily available upon request.

I further state that I have proctored a State of Texas approved Child Protection Training Course for the above BCBA Sponsor Applicant. The above applicant scored a grade above 80 on the final exam. Therefore, I have issued this BCBA Sponsor Applicant a Certificate of Completion. I understand that the Certificate of Completion does not need to be turned into the BCBA Camp Office; however, a copy of this Certificate will be brought to the camp and will be readily available upon request.

I also hereby certify that I have given this Sponsor Applicant a copy of the **2011 BCBA Policies and Procedures** and instructed them to review this with all of their campers.

And finally, I understand that the (1) **2011 BCBA Sponsor Approval Form(s)**, the (2) **BCBA Registration Rosters**, the (3) **2011 Camper Registration Forms**, a (4) signed (by me) **2011 Policies and Procedures Form** and the (5) **final group payment check** must all be turned into the proper camp BCBA office personnel before access to the campgrounds will be granted to anyone in our group.

(All ADULTS attending BCBA for 3 or more nights while minors are present must fill out this top form in its entirety)

2011 BCBA CAMPER REGISTRATION FORM: (FOR OUTSIDE GROUPS)(Please Print)

Church/Group Leader: **X** _____ Date: _____

Camper Name: _____ M/F (CIRCLE) Dates of Event: _____
Please print in ink. Campers or sponsors 18+ years old may complete this "BCBA Registration Form" by themselves. Do not leave anything blank! If your answer is "none", write in "N/A". **EVERY CAMPER** (Sponsors, Camp Pastor, Musicians, Minors, etc) must complete this form. Sponsors must also complete the "**SPONSOR APPROVAL FORM**".

Camp Attending: _____ Church/City _____
My Address _____ City _____ State _____ Zip _____
Home# (____) - _____ - _____ Grade COMPLETED: _____ Birth date ____/____/____ Cell # (____) - _____ - _____

Person To Notify In The Event Of An Emergency:

Relationship to camper _____ Work# (____) - _____ - _____ Cell# (____) - _____ - _____

Does this camper have medical insurance? (Y/N) If yes, **ATTACH A COPY OF YOUR INSURANCE CARD HERE X**
(If you have insurance, but do not have a card, write the insurance company's name, address, policy #, and telephone # on the back)
Physical Limitations (Asthma, diabetes, allergies, etc.), and or special instructions (Allergic to certain medications, food allergies, rare blood type, wear contacts, etc.) Attach an additional page if this is not enough room for details.

DATE OF LAST TETANUS SHOT: _____

List all the medications that are being brought to the camp. Give any other special instructions on separate sheet of paper or on back.

1) _____

MEDICAL, SURGICAL, AND OTHER REQUIRED WAIVERS

I, _____, parent and /or legal guardian of _____, minor, hereby acknowledge that said minor is presently under my care, custody, and control. I give my child, the said minor, my express permission to attend Big Country Baptist Assembly (BCBA) between the dates of _____ and _____. I further expressly grant my permission for my child, said minor, to participate in all activities of said camp with the following exceptions:

I have listed above my (or said minor's) physical conditions or medical problems that may need attention, and all medications regularly used by me (or said minor). In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to BCBA, its representatives, or the Camp Sponsors of the above stated dates, or any attending physician to make such decisions and/or to perform such medical treatments upon myself (or said minor) which may, in their sole discretion, be considered necessary. I also consent and give permission for my child, at his/her own discretion, to participate in counseling sessions while attending BCBA. I do release, acquit, discharge, and covenant to hold harmless the BCBA staff, or its representatives, or the Camp Sponsors of the above dates, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred during the above dates. I understand that the BCBA staff may deem it necessary to inspect the bunkhouses for the safety and protection of all BCBA campers present, if unusual circumstances make such an inspection necessary. I understand and agree that any and all legal disputes that may arise as a result of my (or child's) stay at BCBA during the above dates, and I agree that the local Shackleford County Court would be the point of venue. I understand that BCBA staff may choose to use my (or my child's) photo for promotional purposes. I understand the "2011 Big Country Policies and Procedures" and understand that I (or my child) will be dismissed from camp and sent home at my expense if I (he/she) does not comply with these policies. I hereby authorize the following person(s) to pick up my child from the BBA grounds at any time:

_____ (please print). Phone (____) - _____ - _____.

CAMPER CONTRACT: I am agreeing to participate in the activities planned for this camp and endeavor to make the is the best week of my life. I promise to conduct myself in a Christ-like manner, and I have read, understand (or my legal guardians have explained) and agree to adhere to the "Big Country Policies" while attending Big Country Baptist Assembly

CAMPER SIGNATURE (regardless of age): **X** _____

PARENT/LEGAL GUARDIAN (of camper under age 18): **X** _____

P. O. BOX 248 (201 F.M. 142) LUEDERS, TX (website: www.bigcountrycamp.com)

FOR ANY OTHER REGISTRATION QUESTIONS, EMAIL US AT: reservations@bigcountrycamp.com

FOR PROGRAMMING QUESTIONS EMAIL US AT: matt.bigcountrycamp@gmail.com