



# Big G Summer Camp Registration & Medical Release

## July 13 -17, 2026

FOR STUDENTS ENTERING 4<sup>TH</sup> THROUGH ENTERING 9<sup>TH</sup> GRADE

Camper Name \_\_\_\_\_ M / F DOB \_\_\_\_\_

Entering Grade **Fall of 2026** (circle): 4 5 6 7 8 9 Home Church \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best phone #'s to reach parents/guardians: \_\_\_\_\_ and \_\_\_\_\_

**EMERGENCY CONTACT** (name): \_\_\_\_\_ Phone \_\_\_\_\_

Roommate Choice #1 \_\_\_\_\_ Roommate Choice #2 \_\_\_\_\_

**PLEASE NOTE: COUNSELOR & ROOMMATE CHOICES WILL BE TAKEN INTO CONSIDERATION BUT ARE NOT GUARANTEED.**

### Early Bird Camp Fee: \$275 if paid by June 14; Late Registration \$295 (after June 14)

Please enclose camp fee with registration unless prior arrangements have been made. No registrations accepted after July 11th. \$75 of the registration fee is non-refundable if cancellation is necessary. If your child leaves camp during the week for any reason, the full fee is non-refundable. Please make checks payable to: Skyline Baptist Church, 3451 Liberty St., North Bend, Oregon 97459. *The medical release must be filled out and signed for campers to attend.*

### Medical Information & Release (valid July 13 – July 17)

Doctor's name: \_\_\_\_\_ Location & phone: \_\_\_\_\_ Is child's tetanus current? Yes \_\_\_ No \_\_\_

Allergies to: Insect stings \_\_\_ Drugs \_\_\_ Foods \_\_\_ Other: \_\_\_\_\_ Describe allergies and normal treatments: \_\_\_\_\_

OTHER CONDITIONS WE SHOULD BE AWARE OF: \_\_\_\_\_

Medications being taken: \_\_\_\_\_  
*Please be prepared to turn in all medication to camp nurse for administration. Prescriptions must have the child's name and dosage on the original labeling. Please include additional instructions if needed.*

Swimming restrictions? Yes \_\_\_ No \_\_\_ Activity restrictions? Yes \_\_\_ No \_\_\_ If yes, please explain restriction: \_\_\_\_\_

***Our camp insurance is only secondary insurance. If you have insurance, your carrier will be billed for medical charges in the case of illness or injury while at camp.***

Do you have health insurance? Yes \_\_\_ No \_\_\_ If so, please fill out the following:

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

**Medical Release** In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the camp staff to hospitalize, to secure proper treatment, and/or order an injection, anesthesia or surgery for my son or daughter as deemed necessary.

**Liability Release** By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent to summer camp and agree not to hold Cottage Grove Christian Camp, Skyline Baptist Church, or any of their staff or volunteers liable for damages, losses or injuries/illnesses to the person or property under-signed. The parents/guardians understand that they are signing for the minor listed on this form and the signature is both for medical and liability release. In addition, the parent or guardian hereby authorizes Skyline to use, reproduce, distribute, and display their child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the church.

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



**Pastor Gary Butchart**  
Associate Pastor  
Community Baptist, Florence  
Cell: 541-991-7579  
pastorgary@communitybaptistflorence.org

**Pastor Chad Frantz**  
Associate Pastor, Skyline Baptist Church  
3451 Liberty St., North Bend, OR 97459  
Cell: 505-452-6871  
cfrantz@sbcnb.org  
www.sbcnb.org

**Loy Huntzinger**  
Children's Ministry Director  
Skyline Baptist  
Cell: 360-607-0022  
loy@sbcnb.org