Contact Person _____
Mailing Address _____
City/ST/Zip _____
Phone (___)_____Cell (___)_____
Email _____

CHURCH _____
Pastor _____
Church Address _____
Church City/ST/Zip _____
Pastor/Church Email _____

High Pursuit

Church Registration Form

Tall Timbers Baptist Conference Center

Thursday – Saturday, July 5-9, 2012

Early Bird Registration: $125* by May 25, 2012
…A $50 per person deposit required per person.

Regular Registration: $140* after May 25, 2012
…A $75 per person deposit required per person.

Late Registration: $175* after June 15, 2012
…A $100 per person deposit required per person.

***Lee Lodge rooms available first-come-first-served basis for additional $15 per person.**
Prefer Lee Lodge ❑

(Credit cards are accepted or check made payable to Tall Timbers).

(CAMP REGISTRATION closes June 29, 2012)

- **DEPOSITS** are **NON-REFUNDABLE!** No money will be refunded for cancellations for any reason.
- Complete **ALL** information on registration form – **VERY IMPORTANT**!
- Each **camper** and **ADULT SPONSOR** must submit a Tall Timbers Camp Health Form at registration. **Please do not mail these**. Bring them along with **Parental Permission to Participate Form** with you on registration day.

∞Groups must provide ONE (1), SAME GENDER, ADULT SPONSOR/COUNSELOR for every 8 students. Counselors must be at least 21 years old. Student groups are not allowed to attend Clear Camp alone. Adults must attend Clear Camp with your students AND STAY WITH THEM the entire week of camp. The Louisiana Baptist Convention, Clear Camp staff, or Tall Timbers does not provide adult sponsors for your group!

∞Camp is for students who have completed 7th-12th grade (6th grade is allowed if they are a regular part of your youth ministry) and their respective adult leaders. Children younger than those ages or younger children of adult sponsors/leaders are not permitted at camp. Bed space is tight. We must reserve all available space for which the camp is designed.

∞Counselor fees are the same as camper fees.
∞And again, counselors **DO** need Health Forms.

MORE INFORMATION ABOUT CAMP
Contact the Youth Ministry Strategy Office at the Louisiana Baptist Convention at 800.622.6549/318.448.3402.
Email youthcamp@lbc.org

LODGING INFORMATION
Contact Tall Timbers at 318.445.6797
Email talltimbers@talltimbersbcc.org

COUNSELOR NAME	Address	City/ST/Zip	Age	Gender	Shirt Size

Shirt Sizes: YS, YM, YL or AS, AM, AL, AXL, A2XL, A3XL, A4XL

Tall Timbers – P.O. Box 258
Woodworth, LA 71485
318.445.6797 – Fax 318.445.1038
talltimbers@talltimbersbcc.org

CC #_____
Exp ___/___ 3 digit code on back _____
Billing PO Box or Street number Only_____
Zip _____ Amt: $_____

Fill Out Camper Information Here **Church Name:_____**

Camper Name	Mailing Address	City/ST/Zip	Sex	Grade 2011-2012	Tee Size	Parent Name/Phone

Shirt Sizes: YS, YM, YL or AS, AM, AL, AXL, A2XL, A3XL, A4XL

Church Name: _____

Permission to use and record picture and/or voice on photographs, films, audio and/or videotapes and internet websites.

This form must be signed by each parent/guardian for camper to participate in event.

I authorize Tall Timbers to use photographs, films, and/or voice recording whether by audio, videotape or other images of my child (participant) for the purpose of and use in promotional material, website, video, podcasts, and publications. I understand that I will not receive any payment or other remuneration for this authorization.

YES	*NO*	*Camper Name*	*Parent/Guardian Signature*
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____
____	____	_____	_____

Church _____

TALL TIMBERS HEALTH FORM

Please do not mail this form. Bring with you at registration.

Camper's Name_____ Date of Birth_____/____/_____
Address_____ City/State/Zip_____
Telephone (_____)_____
Age_____ Sex_____ Grade Completed This Year _____

Name of Parent or Legal Guardian_____
Address_____ City/State/Zip_____
Telephone: Home (_____)_____ Work (_____)_____
Cell (_____)_____

Name of camper's physician _____
Telephone (_____)_____
Health Insurance_____ ID Number_____

Please list two people who may be contacted in case parent/guardian cannot be reached in an emergency:
Name_____Relationship_____Phone (_____)_____
Name_____Relationship_____Phone (_____)_____

General Health and Medical History

1. List any chronic or long-term illness:_____
2. Serious injuries or surgeries:_____
3. Known allergies: _____

Explain reaction and indicate medication used or other action to be taken:
_____

Explain any physical/medical conditions that we should be aware of:
_____

Medication: Is camper bringing medication to camp? Yes_____ No_____

If yes, please list all medications on back of this form. ***Medication must be in pharmacy container with patient's name and the dosage instructions on it.*** If dosage instructions are different, please note, and sign your name.

Restrictions: Does camper have any activity restrictions? Yes_____ No_____
If yes, please specify: _____

List up to 4 people who are authorized by the parent/guardian to check out a camper from Tall Timbers:

_____ _____
_____ _____

Parent/Guardian Signature: _____