



Sunset Bible Camp

ADULT SPONSOR REGISTRATION FORM "Please print in black ink and fill out every line."

STAFF/SPONSOR INFORMATION

Name: _____ Male: _____ Female: _____

Address: _____ City/State _____ Zip: _____

Home Phone: _____

Church you are attending with: _____

Week(s) attending (check all that apply)

2nd Grade Day Camp 3rd-4th Grade Camp 5th-6th Grade Camp

7th-8th Grade Camp 9th-12th Grade Camp Mid-Winter Retreat

ATTENTION: Sponsors must provide the following information in order for the camp to run a background check and to be able to attend camp. This is a safety measure that the Board of Trustees has instated to protect the campers. Social Security #: _____

Email address: _____ (in case we need to contact you)

Have you ever been charged with or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes: _____ No: _____

Have you worked in a ministry involving children or youth? Yes: _____ No: _____

If yes, where: _____

SPONSOR HEALTH & MEDICAL INFORMATION

List below any special medical information including allergies and medications.

Allergies: _____

Medical Conditions: _____

Medications: _____

INSURANCE INFORMATION: I have attached a copy of my insurance card: Yes: _____ No: _____

Health Insurance Carrier: _____

Policy # _____

Policy Holder's Name: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____

Daytime # _____ Evening # _____

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CONDUCT, AGREEMENTS, & POLICIES

I will not hold Sunset Bible Camp responsible for any accident that might befall me which is caused by my disobedience or negligence. Initials:_____

I understand that Sunset Bible Camp reserves the right to do a background check on me. Initials:_____

I hereby authorize treatment for myself while at camp by any doctor, nurse, or hospital as deemed necessary by camp authorities in the event of an accident, injury, or illness. Initials:_____

I will obey all camp rules and regulations and dress modestly. Initials:_____

I will give Sunset Bible Camp permission to use any photographs or videotapes taken during the camp season to be published and used to promote, illustrate or advertise the camp on it's brochures or website. Initials:_____

SPONSOR SIGNATURE:_____ **DATE:**_____

PASTOR OR CHURCH REP. SIGNATURE: _____ **DATE:**_____

Add any other references you would like to share below:

This form **MUST** be turned in 20 days before the Event.

Please let us know your t-shirt size for a free Summer Camp T-Shirt.

Free t-shirts doesn't apply at the Mid-Winter Retreat.

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