



What to Bring:

- ⇒ Modest, Warm Clothing!
- ⇒ A Winter Coat
- ⇒ Gloves & Winter Hats
- ⇒ Snow Boots or an extra old pair of Sneakers
- ⇒ Dress clothes for Evening Services
- ⇒ Shampoo, Soap & Deodorant
- ⇒ Toothbrush & Toothpaste
- ⇒ Towels & Washcloths
- ⇒ Sleeping Bag or Sheets & a Pillow
- ⇒ BIBLE
- ⇒ Notebook & Pen or Pencil
- ⇒ Money for Offerings and Snack Shop
- ⇒ An Enthusiastic and Good Attitude!

All Campers Code of Conduct:

NO alcoholic beverages, tobacco or nonprescription drugs in any form, radios, CD or mp3 players, books or magazines, knives, video games, cell phones, fireworks, pets, or weapons of any kind.

No physical contact allowed between male and female campers. Male and female campers are not allowed to be alone together at any time.

No gothic dress or makeup. Appropriate clothes are required for the evening services.

Ladies Dress Requirements

Modest loose-fitting culottes (skirt-like), skirts or dresses. No shorts or pants. Skirts and dresses must touch the floor when kneeling.

Modest, loose-fitting shirts. Nothing sleeveless.

No piercings outside of the earlobe can have jewelry in them.

Gentlemen's Dress Requirements

No shirts with questionable pictures or emblems. No sleeveless or see-through shirts.

No shorts or sweat pants. Jeans or casual pants are allowed.

No sagging. Hair must be off the ears and the collar. No necklaces. No piercings can have jewelry in them.

This registration form must be completed and submitted upon arrival at camp along with your camp fee. The fee is non-refundable. Each camper & counselor MUST sign a registration form.

Name: _____ Age: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____

Pastor: _____ Church Phone: (____) _____

Emergency Phone: (____) _____

Mark an "X" if you've had these vaccines: Diphtheria: ___ Measles: ___

Mumps: ___ Polio: ___ Rubella: ___ Last Tetanus Shot: _____

Medications taken regularly: _____

Reason for taking medication: _____

Special Physical Conditions (Diabetic, Asthma, etc.): _____

Allergies: _____

Please note that the camp nurse will administer the following over-the-counter medications as deemed necessary: Tylenol, Ibuprofen, Antacids, Alka-Seltzer Products, Cough Medicine, Neosporin, Benadryl. Allergies to these medications must be noted above!

Insurance Company: _____

Principle Policy Holder's Name: _____

Principle Policy Holder's Social Security Number: _____

Principle Policy Holder's Employer: _____

Please sign below if you authorize the following:

- For the director of Baptist Snow Camp to act for me according to his best judgment in any emergency requiring medical attention. I will not hold the camp or the camp staff liable for any injuries incurred by my child.
- For my insurance to be used in the event of an emergency. I acknowledge that the camp insurance is purely secondary.
- For the camp nurse to administer the medications listed above.
- For any photos taken of my child to be used in promotion of the Baptist Snow Camp. I understand that my child(ren) will not be identified in any pictures used.

Parent's or Legal Guardian's signature: _____

"I agree to abide by all camp rules and be a willing, cooperative camper."

Camper's Signature: _____