

Texas Baptist Men

Registration-Emergency Contact-Medical Information Form

EVENT: **Spring Backpack Trip**

Name _____ DOB _____ . Age _____.

Address _____ . City _____ . State ____ . Zip _____.

Phone # (Home) _____ . (Cell) _____.

E-Mail Address _____.

Church _____ . Association _____ . Region _____.

I have completed the following TBM Men's Campcraft Levels:

None____. Frontiersman ____ . Outdoorsman ____ . Voyager ____ . Basic Instructor ____ . Advanced Instructor ____ .
Director of Instructors ____ . Trip Leader ____ . Trip Leader Instructor ____.

EMERGENCY CONTACT INFORMATION:

Contact _____ . Relation _____ . Phone _____.

Doctor's Name _____ . Address _____.

City _____ St ____ . Zip _____ . Phone _____ . Cell _____.

MEDICAL INFORMATION:

(List all Medications, there Dosage and Frequency)

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>
_____ / _____	_____ / _____	_____ .
_____ / _____	_____ / _____	_____ .
_____ / _____	_____ / _____	_____ .
_____ / _____	_____ / _____	_____ .
_____ / _____	_____ / _____	_____ .

(List Critical Medical History)

Signature _____ . Date _____.

-----OFFICE USE-----

Fees: **\$ 100.00 total:** **\$30.00 Deposit with preregistration form** /Date _____ /

\$70.00 on arrival at WILD Camp /Date _____ /