



GM Camp Registration

June 19-21, 2025 | Texas Baptist Encampment, Palacios, TX

<input type="checkbox"/> Mpact 1st-5th Grade	<input type="checkbox"/> Early - \$185 May 16
<input type="checkbox"/> TGM 6-12th Grade	<input type="checkbox"/> Late - \$200 June 6
<input type="checkbox"/> Sponsor / Coordinator	<input type="checkbox"/> On-Site - \$210

Campers Information UNDER 18 OVER 18

Campers Name: _____ Gender at Birth: _____ Age: _____

Mailing Address: _____

Church Name: _____ City/State/Zip _____

Senior Pastor's Name _____

Health Information

Health Problems or Limitations: _____

Health Insurance Company: _____ Policy Number: _____

Doctor's Name: _____ Doctor's Phone: _____

May your child be given the following:	YES	NO
Tylenol/Ibuprofen		
Benadryl/Antihistamines		
Decongestants/Cough Medicines		
May your child be given over-the-counter, non-prescription medications or applications not to exceed the recommended dosage for stomach discomfort, burns, cuts, insect bites, rash, or scrapes?		

Allergies: Please List YES / NO

Food Allergies:	Allergic to medication/drugs
Insect Bite Allergies:	If yes, please list:
Plant Allergies:	Are immunizations up to date?

Medication that you will be bringing to camp: _____

A \$50 PER PERSON NON-REFUNDABLE CHURCH CHECK OR MONEY ORDER MADE OUT TO **TLHDGM** MUST ACCOMPANY EACH REGISTRATION FORM TO SECURE YOUR SPOT. TO PAY BY ZELLE, PLEASE SEND TO RCARBALLO@TXLAHISPANIC.ORG. (Include Memo: GM Camp + Church Name)

FORMS CAN BE UPLOADED TO: TLHDGM.ORG. BALANCE IS DUE UPON ARRIVAL AT CAMP.
Mail forms: TLHD Girls Ministries | 8206 Northline Dr, Houston, TX 77037

Parent / Guardian Consent

I, the parent or legal guardian of _____ (camper's name), do hereby state that I have legal custody of the child who resides with me and have read and approved the included camp information. I give my permission for my child to attend camp and participate in all activities. In consideration of my child being allowed to participate in this event, I authorize the Texas Louisiana Hispanic Network Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the Network for the use of such photographs or video. I give my permission for authorized camp personnel to inspect the camper's belongings to ensure they have no illegal or prohibited items. I will be held responsible for any and all damages my child may cause to the campsite or facilities. I hereby authorize any authorized camp personnel to obtain any medical care necessary. I authorize emergency treatment in the event of illness/injury when parents are not immediately available. If necessary, I understand the camper will be taken to a nearby hospital and attended to by a physician on call. I further understand that I will be responsible for any medical expenses incurred and hold Texas Louisiana Hispanic Network harmless of any expenses.

Parent/Guardian Signature:	Date:
Emergency Phone Number:	Alternate Phone:

I, _____, AGREE TO ABIDE BY ALL CAMP RULES AND PROGRAM.

Additional Guidelines

- One Group Form must accompany each church's registration.
- There will be a \$10 fee assessed for any incomplete forms.
- All Adults (18 Years and Older) must attach a copy of a national criminal and sexual offender background check within the past twelve (12) months.
- Each adult must complete Child Protection Training, take the test, and submit a Certificate of Completion upon arrival to the camp.
 - http://texasbaptistencampment.org/child_protection_training
 - If a current background check or Child Protection Training is not on file, it could forfeit the ability of the group to participate.
- The network office is not responsible for lost, stolen, or destroyed mail.
- Cancellation Policy: There will be absolutely NO refunds for any registrations. However, registration may be transferred to another registrant at no additional cost.

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