

# Camp 'Treppie 2026

## APPLICATION PACKET (PDF Fillable Format)

### Form Submission Options:

- You may complete this form online, include an electronic signature, save it, and **e-mail** it to [Sheila@mybbmc.org](mailto:Sheila@mybbmc.org).
- You may download this form, complete it, provide an original signature, save it, **scan and e-mail** it to [CampDirector@mybbmc.org](mailto:CampDirector@mybbmc.org).
- You may download this form, complete it, provide an original signature, **print and mail (or hand deliver)** it to Camp Director, c/o BBMC, 528 East Park Avenue, Tallahassee, FL 32301

### SECTION ONE: About the Camper

Name of Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

E-Mail Address of Camper (if applicable) \_\_\_\_\_

Gender of Applicant: \_\_\_\_\_ Age of Applicant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade Level Completed in May 2026: \_\_\_\_\_

School Attended for 2022/2026 Academic Year: \_\_\_\_\_

Camper Tee-Shirt Size \_\_\_\_\_

### SECTION TWO: About the Parent/Guardian of the Camper

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail Address of Parent/Guardian: \_\_\_\_\_

Telephone Number of Parent/Guardian: \_\_\_\_\_

Alternate Telephone Number of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

(electronic signatures acceptable)

### SECTION THREE: Payment Method

\_\_\_\_\_ I will pay the **FULL** camp tuition fees via the BBMC website link.

\_\_\_\_\_ I will pay the **FULL** camp tuition fees by check (or money order) and I will mail/hand-deliver the camp tuition fee to the BBMC Offices (528 East Park Avenue, 32301).

**Please complete one application for each camper in your household.  
If there are questions pertaining to the application, you will be contacted at the telephone number of the parent/guardian.**



**CONSENT FORM**

**Notice to the Minor Child's Natural Guardian**

Please read this form completely and carefully.

You are agreeing to let your minor child engage in a leadership camp experience that may include activities that require some degree of physical exertion.

You are agreeing that, even if the Big Bend Minority Chamber of Commerce and Tallahassee State College uses reasonable care in providing this activity, there is a chance your child may be injured by participating in this activity because there is always potential for injury in the activity which cannot be avoided or eliminated.

By signing this form you are giving up your child's right and your right to recover from the Big Bend Minority Chamber of Commerce and Tallahassee State College in a lawsuit for any personal injury, including death to your child or any property damage that results from the risks that are a natural part of the activity.

You have the right to refuse to sign this form, and the Big Bend Minority Chamber of Commerce has the right to refuse to allow your child participation in camp activities if you do not sign this form.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

give the Big Bend Minority Chamber of Commerce (BBMC) staff permission to:

1. Dispense medication(s) brought to camp by parent or guardian in original prescribed bottle under minor's physician prescription.
2. I hereby give permission to the medical personnel selected by the BBMC and Tallahassee State College staff to order x- rays, routine tests, and treatment for my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the BBMC staff to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named herein.
3. I hereby give BBMC and Tallahassee State College staff permission to photograph and/or videotape and use for marketing and future publications and promotions, photos of minor names herein.
4. I agree to hold BBMC, Tallahassee State College and its agents, staff and officers harmless from any claims from accident or injury sustained by the camper while attending or participating in any camp program on or off camp premises.
5. I agree that BBMC and Tallahassee State College, its officers, and representatives are released from liability in connection with unavoidable illness or accidents. My child has permission to leave the camp premises with authorized BBMC staff for scheduled trips and outings.
6. I will not hold BBMC and Tallahassee State College responsible for items lost at camp.

Parent/Guardian Signature \_\_\_\_\_  
-electronic signatures are acceptable-

Date of Signature \_\_\_\_\_



**CONSENT FORM, *continued***  
**Notice to the Minor Child's Natural Guardian**

I understand that BBMC and Tallahassee State College assumes no responsibility for injuries and illnesses which may sustain as a result of the minor child's physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of any equipment exercise, or other activities. In consideration of the privilege of participating at the BBMC camp, I hereby voluntarily release and discharge BBMC, Tallahassee State College, their agents, servants, volunteers, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation in these activities.

While BBMC and Tallahassee State College makes every attempt to provide reasonable accommodations for mentally and physically challenged children, BBMC will not accept children that are:

- Of danger to themselves
- Of danger to others
- A disruption to the normal activities making it unreasonably difficult for other children to enjoy the camp programs

Any of the above reasons will be grounds for dismissal from the BBMC programs.

NOTE: We strongly recommend that you discuss with BBMC staff any special conditions or circumstances involving your child. We request that you do this prior to registration so that we can advise you as to whether we can make reasonable accommodations for your child.

I understand that no accident or medical insurance is provided with this activity/camp.

I give my permission to BBMC and Tallahassee State College to use, without limitation or obligation, photographs, film footage, tape footage, or tape recordings, which may include my child's image or voice for purpose of promoting or interpreting BBMC and Tallahassee State College programs.

I understand that my child will not be able to attend this camp without a signed and completed registration/application form, including the full completion of health information.

The health history provided is correct and complete as far as I know, and the person herein has permission to engage in all camp activities except as noted:

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*[Please list above any activities, etc., your child should not engage in because of their health history.]*

Parent/Guardian Signature \_\_\_\_\_  
Electronic signature is acceptable/

Date of Signature \_\_\_\_\_

## CAMPER HEALTH HISTORY FORM

*This form is an abbreviated version of the Camper Health History Form developed and reviewed by American Camp Association; American Academy of Pediatricians; Council on School Health; Association of Camp Nurses*

Camper Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Camper Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Second Parent/Guardian or Another emergency contact

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Preferred Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### Additional Contact in the event the Parent/Guardian or Other Emergency Contact cannot be reached:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Preferred Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### MEDICAL HISTORY OF THE CAMPER:

Allergies? \_\_\_\_\_

Diet/Nutrition Restrictions? \_\_\_\_\_

Other Restrictions? \_\_\_\_\_

Mental, Emotional, or Social Issues for Concern? \_\_\_\_\_

Is this camper covered by family medical/hospital insurance? \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:** *This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me. If I (or other designees indicated above) cannot be reached in an emergency, I give my permission to the Camp Director to seek immediate assistance from a physician to secure proper treatment for said camper. I understand the information on this form will be shared on a "need-to-know" basis with camp staff. I give permission to photocopy this form.*

Signature of Custodial Parent/Guardian: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

*\*If for any reason you cannot sign this form, please contact the Camp Director ([CampDirector@mybbmc.org](mailto:CampDirector@mybbmc.org)) to request a legal waiver which must be signed for camp attendance*