

Life Journey Church Summer Camp 2017
July 27th – 30th
Registration Form

Please fill this form out **completely** and turn in along with full payment prior to **July 16th 2017**. All the information on this document is required for participating in Summer Camp 2016.

Camp Cost \$175.00

Camper's Name _____ Sex _____
Last First Middle

Address _____
Physical Address **(NO P.O. Boxes)** City State Zip

Camper's Cell Phone _____ Date of Birth _____ Age _____

Parents' or Guardians' Names _____ Home Phone _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Parents Email's: _____

Grade Next Fall _____ Gender: _____ T-SHIRT Size: (Adult sizes) S M L XL XXL (Circle Size)

Emergency Contact Name: _____

Emergency Contact Number: _____

Medical Emergency/Media Authorization Agreement:

_____ (Camper's Name) has my permission to engage in prescribed activities, except as noted by me. I also understand that Life Journey Church may choose to use my child's photo for promotional purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult leader in charge, to order injection, surgery or any other medical treatment that may be deemed necessary to insure the well-being of the above named, due to sickness or accident while attending *Camp Uprising*, or en route to or from the camp. I also authorize the camp personnel or adult counselor to transport my child at their discretion in case of an emergency.

We represent to you that we and the participant hold Life Journey Church, its agents, employees and representative harmless from all liability arising as a result of the conduct of the participant and agree to defend and indemnify Life Journey Church, its agents, employees and representatives against any claim or liability arising as a result of such conduct.

Parents'/Guardians' Signature _____ Date _____

Participant's Signature _____ Date _____

For Life Journey Church Personnel Only
Payment Received Date: _____ Check # _____ Cash _____
Registration Form Received Date: _____
Medical Release Form Received Date: _____