

West Virginia Christian Youth Camp

Registration Form

Please select the week(s) which you plan to attend:

Senior Week: July 2-7

Intermediate Week: July 9-14

Junior Week: July 16-21

All-Age Week: July 23-28

Singing Emphasis Week: July 30-August 4

Name: _____

Age: _____ Male: _____ Female: _____ Last School Grade Attended: _____

Church Affiliation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

This section is required for registrants under age 18.

Parent/Guardian: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

E-Mail Address: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: (_____) _____ - _____ Alternate Number: (_____) _____ - _____

The following individuals may pick me (registrant) up from camp:

Name: _____ Phone Number: (_____) _____ - _____

Name: _____ Phone Number: (_____) _____ - _____

Family Medical Insurance

Name of Insurance: _____ Policy Number: _____

Doctor's Name: _____ Phone Number: (_____) _____ - _____

Medical History — please check all that apply.

Frequent Ear Infections Diabetes Poison Ivy

Asthma Convulsions/Seizures

Seasonal Allergies Heart Ailments/Disease

Other Medical Problems: _____

Any Known Allergies: _____

Please check medications the nurse can give your child:

Tylenol Benadryl Aspirin Tussin DM

Ibuprofen Pepto Bismol Aleve Midol

Laxative Sinus Tablets Other: _____

Please list any current medications and dosages for each.



Current Medical Issues, Disabilities, and/or Chronic Disease:

Dietary Modifications: _____

Please list any other information you need to share.

PHOTO RELEASE

I hereby grant the West Virginia Christian Youth Camp permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the West Virginia Christian Youth Camp and will not be returned.

I hereby irrevocably authorize the West Virginia Christian Youth Camp to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the West Virginia Christian Youth Camp from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

The information provided is correct to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. My child will abide by the camp rules and follow staff directives. I hereby give my permission to the camp medical staff to secure the proper medical treatment for my child in case of injury or illness. I have read and understand the above photo release.

Registrant Signature: _____

Parent/Guardian Signature: _____

Date: _____