

Revive YOUTH CAMP

REGISTRATION FORM / MEDICAL RELEASE

Where: Romar Beach Baptist Church & Retreat Center; 23370 Perdido Beach Blvd.; Orange Beach, Alabama 36561

When: Monday, July 31st 2017 - Saturday, August 4th 2017

Name: _____ Age: ___ M/F

Address: _____

City: _____ State: _____ ZIP: _____

Phone # _____ Alternate Phone #: _____

Email: _____

Parent/Guardian Name: _____

Contact #: _____

Parent/Guardian Address (if Different From Above):

Street: _____ City: _____ State: ___ ZIP: _____

Church Affiliation: _____

Pastor's Name: _____

T-Shirt Size (Circle One): S M L XL XXL

My child has permission to be baptized _____ Yes No

I acknowledge that my child has permission to participate in all camp sponsored events.

Initial: _____

ADULT LEADERS ONLY:: Check All That Apply

I would like to be a Referee or Team Captain

I am a strong swimmer

Medical Release For Minors

In the event of an accident or death, I understand that a reasonable effort will be made to contact the parent or guardian immediately; however, if I am not available, I authorize the youth pastor or chaperone to secure emergency medical care as needed. **Initial:** _____

Does your youth have medical insurance? Yes__ No__

Name of Insurance Carrier: _____

List of Health Conditions/Allergies: _____

List any medication/special needs: _____

Emergency Contact:(1) _____ (2) _____

Contact Numbers: (1) _____ (2) _____

I understand that camp officials and/or chaperones will not be held liable for any accidents or injuries that might occur during the trip. I authorize _____ to participate in Revive Youth Camp on the dates above.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Date: _____