

YOUTH REGISTRATION FORM

The Bible Apps Retreat

Stuff about you...

NAME _____ male ___ female ___

ADDRESS _____

CITY/STATE/ZIP _____

PHONE # _____ E-MAIL _____

CONGREGATION & TOWN _____

GRADE _____ AGE _____

IF Ordering a T-Shirt (additional \$15 cost) Circle size: SM MED L XL XXL XXXL

Stuff from parents...

(This section must be completed and signed by a parent or legal guardian)

My son/daughter, _____, has my permission to participate in the Bible App Retreat, April 30- May 2, 2010 at Camp Kirchenwald, Colebrook, PA.

___ I'd prefer that my child's photo NOT be used in any newsletters or on any Lutheran website.

In case of emergency, contact me at:

HOME # _____ WORK # _____ CELL# _____

MY MEDICAL INSURANCE CARRIER IS:

POLICY # _____ GROUP # _____

LIST ALLERGIES:

LIST ANY SPECIAL HEALTH ISSUES:

PRESCRIPTION MEDS BEING TAKEN:

While primary care for my child will be the responsibility of the congregational advisor, in the event I cannot be reached, I give permission to have my child treated in a medical facility as deemed necessary, and agree to be responsible for payment of such services. I agree to waive all rights and claims for damages that I or my spouse may have against either the Lutherans Reformed Organization or Camp Kirchenwald Staff and its agents, employees and any representatives for any and all injury, damage or losses sustained by the participant arising out of the Bible Apps Retreat. I have read, filled out and by my hand willingly placed my signature below, in acceptance of all information contained herein:

Signature of parent/legal guardian:

REGISTRATION POSTMARK DEADLINE: April 16th, 2010