

YOUTH CAMP REGISTRATION

AUGUST 24-27

NAME

PHONE

EMAIL

ADDRESS

CITY, ST, ZIP

BIRTHDATE

GENDER

M

F

HOME CHURCH

SHIRT

S

M

L

XL

2X

3X

RELEASE

The signature of a parent/guardian is required for registrant under 18 years old. In the event that medical treatment is required, I authorize Open Bible Staff/Pacific Region Open Bible Staff to seek appropriate medical assistance as necessary. I assume the responsibility and cost for any such treatment. Please attempt to notify me immediately in the event of such an emergency. I hereby exempt Open Bible, Pacific Open Bible, and it's agents for any liability and any such accidental injury to the registrant during the conference. I release Open Bible, Pacific Open Bible, and its churches to use photograph and/or video of my student for publications online and in other communication related to Youth Camp.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME AND NUMBER

EMERGENCY CONTACT NAME AND NUMBER

INSURANCE CARRIER

POLICY #

PLEASE LIST ALL ALLERGIES, MEDICATIONS, MEDICAL PROBLEMS: