

Registration Form

Please Print

Name _____

Birthdate ____/____/____ Graduation Year 20____ Sex Male Female

Church _____ Cabin mate preference _____

(one name only)

T-Shirt Size (circle one) Youth: S M L Adult: S M L XL

Plymouth Wesleyan Church Medical/Liability Release Event: PWC AMP Camp, June 7-10, 2010

As legal guardian of the herein named child, I hereby give my permission for him/her to participate in PWC activities and to travel to and from the location. I am familiar with and approve of the mode of transportation, leadership, departure & return times and other circumstances of the trip.

CONSENT: Whenever it may be necessary, I authorize the calling of a doctor and/or the providing of other necessary medical services and, unless covered by insurance, agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of the child and that I will be notified as soon as possible in case of emergency. However, I do agree by my signature on this document to indemnify and hold harmless Plymouth Wesleyan Church, their employees, representatives or group leaders from all liability, be it injury or illness, arising from this child's participation in or attendance at PWC functions, no matter how caused.

Name of Legal Guardian(s) _____

Address _____ City _____

State _____ Zip _____

Home Phone (____) _____ Parent's Cell (____) _____

If, in an emergency, I cannot be reached, call: _____ at (____) _____

MEDICAL INFORMATION

As legal guardian, I do hereby certify that this child is in good health and able to participate in all activities of the group: Yes No *If no, what are the limits of his/her participation?*

Please specify _____

Current Medication _____

Food Allergies _____

Any other allergies/medical issues to be aware of _____

Medical Insurance Company _____

Policy Number _____

Signature of Guardian or Parent _____ Date _____

Office Use: Cabin # _____ Counselors _____