

Atlantic District Family Camp

June 29 – July 3, 2011

Youth And Child Registration Form

Registrant Name _____ Age _____

Address _____

Parent Name(s) _____

Phone _____ Secondary phone (cell) _____ Email _____

Has the registrant: received the Holy Ghost? _____ ... been baptized in Jesus Name? _____

Medicare # _____ Medical Info. (Allergies, Disabilities, Tendencies) _____

_____ Full Camp (Lodging, Meals, Activities, Services) \$125 or \$110/child for 2 + in the same family

_____ Day Camp (Meals, Activities, Services) \$90 or \$75/child for 2 or more in the same family.

Permission:

As a parent/legal guardian of the aforementioned child, I give permission for the child to be involved in the overall activities of the camp indicated above.

I also acknowledge that if the child has to return home early for discipline violations, it will be at my expense.

I understand all reasonable safety precautions will be taken at all times by the Atlantic District UPC and its agents during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the child in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Atlantic District UPC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the child.

(Parent's Name)

(Parent's Signature)

(Date)

I agree to participate in activities, follow the rules, respect the staff and have fun.

(Child's Name)

(Child's Signature)

(Date)

I give my permission for this child to attend the Atlantic District Family Camp.

(Pastor's Name)

(Pastor's Signature)

(Date)

Payment must accompany registration. Make remittance payable to Atlantic District UPC.

Mail to:

**Michael Wittmeier
3095 Route 108
New Denmark, NB E7G 4H3
1.506.553.9961**