



REGISTRATION FORM

Student's Name _____ Boy ____ Girl ____

Age ____ Birth date _____ Grade Completed ____ T-Shirt Size (adult sizes): S M L XL 2XL 3XL

Address _____ City _____ State ____ Zip _____

Student Mobile # _____ Parent / Guardian Mobile # _____

Church & Youth Group Name _____

Health & Insurance Information:

Insurance Company _____ Policy / Group / ID # _____

List any diseases, physical or mental limitations

Allergies

Current Medications & Purpose (with instructions)

Any additional restrictions we should know about your child?

NWD Teen Camp Release:

We (I), being the parent or legal guardian of the above registered student, do for ourselves (myself and for and on behalf of my child-participant), do hereby release, forever discharge and agree to hold harmless IFCA NWD Youth Ministries of and the directors and staff thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage, expenses, and any lost or stolen goods, or any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in above-described trip or activity. Furthermore we (I) (and on behalf of our (my) child-participant) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said ministry, its directors, employees and agents, for any liability sustained by said ministry as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. We (I) are parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Media Release:

During the week of NWD Teen Camp, NWD Camp leaders & campers take photos/audio and/or video recordings as they participate in camp activities. These photo/audio/video recordings help participants remember their week at camp. Such photo/audio/video recordings may be used by NWD in publications or advertising materials. In addition, NWD Youth Ministry may share with family members, friends and other churches before, during and after camp via social media and on the NWD website. I consent to the use of any such audio or visual record of the child named above to be used, distributed or displayed as the agents of the NWD see fit. This consent includes but is not limited to photographs, video recordings, audio recordings, social media and the NWD webpage.

By signing, I acknowledge that I have read and agree to the release above.

Parent / Legal Guardian _____ Date _____

Parent Email _____

Emergency Contact _____ Phone Number _____