



# Alpha Conference EMERGE Camper's Registration Form

This form **MUST** be completed and signed by every participant.

For All Parents / Guardian(s) to Complete:

Camper's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

☐ Male ☐ Female

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

T-Shirt Size \_\_\_\_\_

(T-Shirt \$10, NOT included in registration) Grade completing in 2017-2018 \_\_\_\_\_ Age \_\_\_\_\_  
If you would like a T-Shirt, please add it to your group registration form prepay with your deposit)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Attending \_\_\_\_\_

Parent / Guardian's Name (s) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone # Home Phone # Cell Phone # Work

Parent / Guardian's Email Address \_\_\_\_\_

My Child Swims ☐ Yes ☐ No Camper's Cell Phone #: \_\_\_\_\_ Camper's Email: \_\_\_\_\_

Should the camper be restricted from any camp activity?: ☐ Yes ☐ No (If YES, please explain on the space below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Parent/Guardian not available in case of emergency please notify:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Does the Camper have any allergies: ☐ Yes ☐ No If yes, specify: \_\_\_\_\_

Is the camper under treatment or medication now by a physician, psychiatrist, etc? ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

What treatment should be continued? \_\_\_\_\_

Any food allergies / Special diet needs? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

Camper's Physician : \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Note: All medicines shall be given to the camp nurse.  
All prescriptions must be in the original container and prescribed to the person taking them.**

I hereby authorize the Camp Nurse to administer Tylenol and/or cough medicine if required:

☐ Yes ☐ No Please initial: \_\_\_\_\_

Date of last tetanus shot or booster: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

**INSURANCE: Parent's Insurance will be the primary carrier.**

Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_



## EMERGE Waiver and Medical Release Form

This form must be completed and signed for the participant to be able to attend camp.

In my absence, I \_\_\_\_\_ hereby authorize the Director of Alpha Ministries Youth Camp or his/her appointee to obtain medical treatment which may be deemed necessary for my child

\_\_\_\_\_. Furthermore, I authorize the proper dispensing of my child's prescription drugs, if any are listed on this

application. I also hereby authorize any physician called upon by the Director of Alpha Ministries Youth Camp to render medical treatment that, in his/her judgment, may be deemed necessary for the well-being of my child. I authorize the release of any medical information necessary to process a claim for my dependent named in this Alpha Ministries Youth Camp application. I authorize the payment of medical benefits to the physician or supplier of service rendered to my dependent.

The undersigned hereby forever releases and discharges Alpha Ministries Youth Camp and the Alpha Conference of the International Pentecostal Holiness Church of any and all liability of any nature which may arise while my child is a camper as set forth above. I understand that Alpha Ministries provides secondary insurance. Alpha Ministries will not be held liable for any expenses beyond those covered by the insurance. Undersigned further covenants and agrees to never sue or file a claim against Alpha Ministries Youth Camp and/or the Alpha Conference for any injury which may occur to said camper while he/she is involved in any of the activities of Alpha Ministries Youth Camp.

I, \_\_\_\_\_, hereby waive Alpha Ministries its officers and employees or volunteers from any liability or injury, loss or damage of personal property, associated with activities participated in this event. I acknowledge that I understand the waiver described in this document. Waiver is made to the maximum extent permissible under applicable law. I acknowledge that I have signed this document under my own free will.

I hereby authorize and grant any and all rights, and hold harmless, for the use of my child's likeness, voice, performance, name and/or quotations in projects such as the Camp video and promotional uses as still images, audio, or video, for print or digital media, now or in the future as Alpha Ministries shall see fit.

For activities that require leaving Laguna Beach Retreat (i.e. trips to the beach, pool, paint ball, etc.), I grant my child permission to be transported by an approved and licensed Alpha Ministries staff member.

All Camp policies must be obeyed by every camper. Major disobedience or defiance of authority will result in the camper being sent home after parental notification and at the cost of the parents, without the right to a refund of camp registration. By signing below, you are agreeing to adhere and support EMERGE camp policies and guidelines and are verifying that all sections of this application are completed and correct in its entirety.

As parent/guardian of \_\_\_\_\_, I agree to all of the camp policies outlined in this registration packet.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***I agree to all camp rules and policies. I understand that persons not adhering to camp rules will be sent home.***

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_