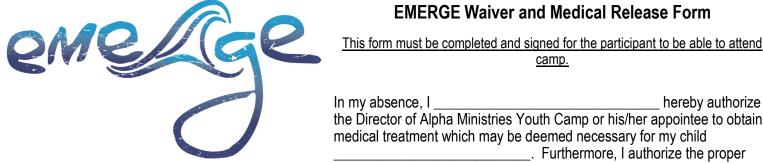


Alpha Conference EMERGE Camper's Registration Form This form MUST be completed and signed by every participant.

For All Parents / Guardian(s) to Complete:

Camper's First Name	Middle			Last Name		
O Male O Female	// T-Shirt Size					
	Date of Birth	(T-Shirt \$10, NOT inc	luded in registration) G	Grade completing in 2017-2 your group registration form prep		
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 O Yes O No	Camper's Cell Phone #		Camp	er's Email:		
Should the camper be restricted fro	m any camp activity?: O	Yes O No (If	YES, please expl	lain on the space below)		
If Parent/Guardian not available in cas	o of omorganov places notify	,				
Name:				Relationship:		
Name:						
Does the Camper have any allergies:	○ Yes ○ No If yes,	specify:				
1. 4	adia adia a mana hara a aharatat		4-2 O V C) n.		
Is the camper under treatment or mails. If yes, specify:						
What treatment should be continued	d?					
Any food allergies / Special diet nee	eds? O Yes O No If ye	es, please explain				
Camper's Physician :		Address:		Phone:		
All prescr	Please Note: All med					
I hereby authorize the Camp Nurse	•		•			
O Yes O No Please initial:			Date of last to	etanus shot or booster: _	/ Month Year	
INSURANCE: Parent's Insurance w	ill be the primary carrier.					
Insurance Company:	P	hone #:	Pol	licy/Group #:		



EMERGE Waiver and Medical Release Form

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

Camper Signature:	Date:
I agree to all camp rules and policies. I understand	d that persons not adhering to camp rules will be sent home.
Witness Signature:	Date:
Parent / Guardian Signature:	Date:
packet.	, I agree to all of the camp policies outlined in this registration
application are completed and correct in its entirety	
sent home after parental notification and at the cos	er. Major disobedience or defiance of authority will result in the camper being st of the parents, without the right to a refund of camp registration. By signing
and/or quotations in projects such as the Camp vid media, now or in the future as Alpha Ministries sha	etreat (i.e. trips to the beach, pool, paint ball, etc.), I grant my child permission
liability or injury, loss or damage of personal prope	rty, associated with activities participated in this event. I acknowledge that I Waiver is made to the maximum extent permissible under applicable law. I
forth above. I understand that Alpha Ministries pro expenses beyond those covered by the insurance. against Alpha Ministries Youth Camp and/or the Al involved in any of the activities of Alpha Ministries	and all liability of any nature which may arise while my child is a camper as servides secondary insurance. Alpha Ministries will not be held liable for any Undersigned further covenants and agrees to never sue or file a claim pha Conference for any injury which may occur to said camper while he/she is Youth Camp. eby waive Alpha Ministries its officers and employees or volunteers from any
medical information necessary to process a claim f authorize the payment of medical benefits to the ph The undersigned hereby forever releases and disc	for my dependent named in this Alpha Ministries Youth Camp application. In hysician or supplier of service rendered to my dependent. harges Alpha Ministries Youth Camp and the Alpha Conference of the
	dispensing of my child's prescription drugs, if any are listed on this called upon by the Director of Alpha Ministries Youth Camp to render medical dispensary for the well-being of my child. I authorize the release of any
	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