

Kamp Kidstuf 2010

Join us August 10-13, 2010 at
Crosswinds Community Church!

Registration Form

← Circle Please →

Name of Child Participant(s)	Age	Gender	Allergies?
		M F	Y N
		M F	Y N
		M F	Y N
		M F	Y N
		M F	Y N

If Yes to allergies for any child, list child's name and specific allergies on back of this sheet!

Parent/Guardian Info

NAME

ADDRESS

CITY

STATE

PHONE NUMBER

E-MAIL ADDRESS

RELATIONSHIP TO CHILD/CHILDREN

Send me future Kidstuf e-mail news and info!



Minor Release Form

The following is a minor and medical release form for your child/children. Please read and sign below.

Permission and Release: I give permission for my child/children to participate in this activity. In the event he/she/they is/are injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Coalition; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

Medical Release: In the event my child/childre suffer(s) sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

By signing below, I agree to the above releases.

X

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY PHONE (if different from left)

EMERGENCY CONTACT NAME (if different from left)

KAMP KIDSTUF USE ONLY

Receive Date/By:

Child ID #