



# Registration Form

DATE OF REGISTRATION

/   /

## PERSONAL INFORMATION

<b>Full Name :</b>	<input type="text"/>		
<b>Age</b>	<input type="text"/>	<b>Church Name</b>	<input type="text"/>
<b>Date of Birth :</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<b>Pastor's Name</b>	<input type="text"/>
<b>Email :</b>	<input type="text"/>	<b>Pastor's Phone</b>	<input type="text"/>
<b>Gender :</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Youth Pastor</b>	<input type="text"/>
<b>Guardian Name</b>	<input type="text"/>	<b>Youth Pastor Phone</b>	<input type="text"/>
<b>Guardian Phone</b>	<input type="text"/>	<b>Physican's Name</b>	<input type="text"/>
<b>Cost:</b>		<b>Physican's Phone</b>	<input type="text"/>
<b>Staying at Camp &amp; Food: \$75.00_____</b>			
<b>Food Only: \$50.00_____</b>			

## EMERGENCY INFORMATION

**In case the parent/guardian is not available, Please list an emergency contact person:**

**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Does your child have any medical problems? Please list along with what happens and what kind of treatment your child should receive:**

**Please list any medications and dosages your child takes:**

**If the participant is a minor, please identify over-the-counter medications that we may administer to your child For example Antacid, "Tylenol".**

**Date of last Tetanus Vaccination:**

Please identify the participant's allergies, including allergies to food, medications or drug reactions you know about:  
seasonal:

I agree to pick up my child from camp promptly upon request in case of sickness, injury, or disciplinary action.

Guardian Signature: \_\_\_\_\_

## Hold Harmless Agreement

I hereby verify that my child is in good health and can participate in camp activities  
While my child is attending this function, I HEREBY AUTHORIZE THE ADULT ORGANIZATION LEADERS OR OTHER STAFF MEMBERS, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT FOR MEDICAL TREATMENT. Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act. This authorization shall remain effective until my child completes his/her activities in this camp unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided and understand that the Apostolic Church of Jesus Christ II is not responsible for any injury or cost of injury. I understand that if my child misbehaves and the camp sponsors feel that my child should be disciplined, they may do so After a warning, if the child still does not cooperate, the camp sponsors may send my child home from the camp and I will be responsible for picking my child up from the camp.

### AUTHORIZATION AND CONSENT AND RELEASE

Date \_\_\_\_\_ Signature \_\_\_\_\_

Should there be any changes in the status of the parent / legal guardian, it will be my responsibility to keep the AC of JC II informed.

Pastor or Youth Pastor's Signature: \_\_\_\_\_

## Bible Jeopardy:

Seniors-Luke  
Juniors-1 & 2 Timothy

## Speakers:

AM Speakers:  
Tuesday AM: Bro. John Brown  
Thursday AM: Bro. Brian Hodge  
Friday AM: Bro. Jason Hood (Home Bible Study Preparation)

PM Speakers:  
Monday PM: Bro. Taylen Downs  
Tuesday PM: Bro. Clinton Willis  
Wednesday PM: Bishop Lonnie Smith  
Thursday PM: Bro. Douglas Raynor  
Friday PM: Bro. Eric Pounds

Break Out Sessions:  
Tuesday-Bro. Scotty Downs (The Dangers of Worldly Music)  
Wednesday-Bro. John Brown (The Pitfalls of Technology)

