



**Camper/ Youth Leader Registration Form 2017**

Full Name: \_\_\_\_\_ Age: \_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

**Church Information:**

Church Name: \_\_\_\_\_

Youth Pastor Name: \_\_\_\_\_

Youth Pastor Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Youth Pastor Email: \_\_\_\_\_

**Medical Information Form:**

List any diseases, physical or mental limitations:

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

List any current medications and their purpose:

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

Allergies (food, medical, insects, etc.):

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

Is the camper under the age of 18?

Yes\_\_\_\_ No\_\_\_\_

Release of Liability Form:

*I. I hereby waive, discharge, and release Christ For The Nations, Inc., Christ For The Nations Institute, Youth For The Nations and all employees, from any and all damages, injuries, property damages, claims, loss, death, demands or causes of action that I or any family member heirs, executors or administrators may have arising out of this event.*

*II. I agree to conduct myself in accordance with the Code of Conduct, rules, dress code, beliefs, and standards of behavior that are expected of me during my week as a campus guest at YFN. I will also abide by the various instructions and guidance I am giving Christ For The Nations, Inc., Christ For The Nations Institute and/or YFN.*

*III. I do not suffer from a physical or mental impairment that would limit my ability to participate in this event. I understand, agree and hereby release permission to authorize emergency medical treatment for me, if necessary. I understand and agree that Christ For The Nations, Inc., Christ For The Nations Institute, will assume no responsibility for any injury or damage which arises out of or in connections with such authorized emergency medical treatment.*

THIS IS A LEGAL AGREEMENT. PLEASE READ FORM CAREFULLY AND BE CONFIDENT YOU UNDERSTAND IT BEFORE SIGNING.

Release of Liability Acceptance:

Yes\_\_\_\_ No \_\_\_\_

***\*In order to be fully registered, all individuals under who are under 18 will have to fill out the YFN Medical Shot Release Form.***

Medical Shot Release Form:

*I, The parent/legal guardian of hereby release Christ For The Nations or Youth For The Nations and all parties involve of any liability regarding the recording of my child's shot records during YFN 2017. I acknowledge that my child is completely up to date on all shots and immunizations and or that I will not hold Christ for the Nations or Youth for the Nations liable for lack of shot records provided.*

Yes\_\_\_\_ No\_\_\_\_

I acknowledge that if I am under the age of 18, my parents have been notified and are aware of this form from Youth For The Nations. The information provided is not false in any way:

Yes\_\_\_\_ No\_\_\_\_

I understand that my parents are responsible for signing any forms that require a minor's signature:

Yes\_\_\_\_ No\_\_\_\_

\_\_\_\_\_  
Camper Name

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature