

**Nov.
8-10,
2019**



**\$150
DUE BY
Oct. 13,
2019**

CAMP WESTMINSTER, CONYERS, GA

REGISTRATION FORM

Youth Name: _____ Grade: _____
Birthdate: _____ T-shirt Size: _____
Address: _____
City: _____ State: _____ Zip: _____

I promise to respect all rules set forth by the leaders of **DULUTH FUMC**. I will refrain from the use of any illegal substance. I promise to participate in all activities. I acknowledge that failure to follow through is an indication of my desire to return home at my family's expense.

Youth Signature: _____

I give permission for my child to participate in the planned activities of Duluth FUMC, as well as transportation to or from any activity. In case of emergency, I hereby give my permission to any licensed physician and hospital selected by the group leader, staff member, or volunteer helper to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for the above named.

Insurance Co. & Policy
Number: _____

Insurance Phone Number: _____

Allergies/Medications: _____

Doctor Name & Number: _____

Parent or Guardian Signature : _____

Parent or Guardian phone : _____ Email: _____

Emergency Contact (other than parent) name & cell
phone: _____

Photo/Video Release: I hereby give permission for images of my child, captured during regular and special activities through photo, video, and digital camera, to be used solely for the purposes of promotional material, publications, and websites of Duluth First United Methodist Church, and Duluth FUMC Youth, and waive any rights of compensation or ownership thereto. I hereby release Duluth First United Methodist Church and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims and liability relating to its use of said photographs.

Parent/Guardian Signature: _____

CHECK HERE IF YOU ARE INTERESTED IN BEING A CHAPERONE.