

## STUDENT REGISTRATION:

Name: \_\_\_\_\_ Gender:  M  F

Date of Birth: \_\_\_\_\_ Grade ('17-'18): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

T-Shirt Size (circle): YM YL AS AM AL AXL AXXL

Tent Buddy (limit 2): \_\_\_\_\_

**If a student traveling with group** (no parents):

Guardian's Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Guardian's E-mail: \_\_\_\_\_

Guardian's Phone: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

Rank the following 1st-3rd in preference.

\_\_\_ Pre-K/Kindergarten \_\_\_ Grades 1 & 2

\_\_\_ Grades 3 & 4 \_\_\_ Grades 5 & 6

\_\_\_ Music \_\_\_ Games

\_\_\_ Crafts \_\_\_ Skit Character

## ADULT & FAMILY REGISTRATION:

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

Spouse Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

T-Shirt Size (circle): AS AM AL AXL AXXL

Emergency Contact Name/Phone: \_\_\_\_\_

**If a parent traveling with children:** List name, age, and T-shirt size of all who will be with you: \_\_\_\_\_

### Please check all that can apply:

Pre-K/Kindergarten,  1st-2nd Grade,

3rd-4th Grade,  5th-6th Grade,

Van Driver,  Kitchen,  Traffic,  Nurse,

Teen Boys,  Teen Girls,  Camp Cook,

Other \_\_\_\_\_

I am willing to drive a van to West Virginia.

### What are your camping arrangements?

Tent,  RV,  Pop-Up Camper,

I will need to use a church tent.

### Medical Information:

Please list any physical or psychological conditions requiring medication, treatment, or special requirements: \_\_\_\_\_

Please list any **allergies** (bee stings, nuts, etc.): \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance ID/Policy #: \_\_\_\_\_

**Liability Release:** I certify that my child has my permission to travel and participate in all activities with Bethany Presbyterian Church to Circleville, WV.

I release Bethany, as well as employees and volunteers from any and all claims or liability arising out of this participation.

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

Date: \_\_\_\_\_

**Medical Release:** In case of medical emergency or general medical care, I understand every effort will be made to contact me. In the event that I cannot be reached, I give consent for medical treatment (medication, injections, X-rays, anesthesia, etc.) and care by a licensed physician or dentist for my child named above at my expense.

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

Date: \_\_\_\_\_

**Media Release: No signature means no consent for pictures and/or video.** I understand that the image and/or voice of my child may be recorded while with Bethany Presbyterian Church. I give my consent to the use of any type of media recording of my child for any editorial and/or promotional material by Bethany Church and/or partnering organizations while attending.

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

Date: \_\_\_\_\_

