

# RVCC YOUTH CAMP

## Registration/Permission Form

FOR YOUTH ENTERING 7<sup>TH</sup> – 12<sup>TH</sup> GRADE

DATE: AUGUST 15 – 18

PLACE: BIRCH HAVEN, HAYWARD, WI

COST: \$100

TURN IN REGISTRATION AND PAYMENT BY SUNDAY JULY 25.

(Please Print Legibly)

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade(Fall 2010) \_\_\_\_\_

### PARENTAL CONSENT/RELEASE

I give permission for my above named child to join River Valley Christian Church, 5900 Lake Elmo Ave. N., Lake Elmo, MN 55042 on the Youth Camp on August 15 -18, 2010 at Birch Haven in Hayward, WI.

I hereby release River Valley Christian Church, its staff, volunteers, and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Printed Name of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

### MEDICAL INFORMATION

Allergies \_\_\_\_\_

Medications Being Taken \_\_\_\_\_

Physical Handicaps or Limitations \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_

**OTHER NOTES OR PERTINENT INFORMATION:**