



REGISTRATION FORM

Student's Name _____ Boy _____ Girl _____

Address _____ City _____ State _____ Zip _____

Phone _____ Age _____ Birth date _____ Grade Completed _____

Church & Youth Group Name _____

Email _____ T-Shirt Size (adult sizes): S M L XL 2XL 3XL

Please indicate if your child suffers from the following: (If explanation is needed for any checked boxes or you need to notate a condition not listed below, please use the back of this form)

____ Frequent ear infections

____ Hypertension

____ Asthma

____ Hay fever

____ Diabetes

____ Ivy Poisoning

____ Convulsion

____ Epilepsy

____ Insect Reactions

____ Bleeding / Clotting disorders

____ ADHD

____ Physical Disabilities

Allergies _____

Current Medications (with instructions) _____

Reason for medication _____

Any restrictions that we should know about your child? _____

Last tetanus shot _____

IN CASE OF EMERGENCY / RELEASE FORM

I _____ being the parent or legal guardian of _____
born ____/____/____ hereby voluntarily agree to release, waive, discharge, defend and indemnify NWD Youth Ministries and its staff from any and all claims, actions, or losses for bodily injury, property damage, expenses, any lost or stolen goods, wrongful death, or loss of services which may arise out of my child's participation in the activities revolving around NWD Teen Camp. I hereby give permission for the camp staff to obtain the services of a licensed physician for my child in the event of an emergency where medical treatment is required. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I understand that it is my obligation to inform the staff of NWD Teen Camp of any health considerations or medical conditions that would restrict my child's participation in any and all activities while at the NWD Teen Camp. Please attempt to notify me immediately concerning any such emergency. I warrant that I possess all of the right, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Parent / Legal Guardian _____ Date _____

Insurance Company _____

Group # _____ ID # _____

Emergency Contact _____ Phone Number _____