

Summer Summit

June 26-30, 2013

Youth (13-18) & Child (6-12) Registration Form

Registrant Name _____ Age _____

Address _____

Parent Name(s) _____

Phone _____ Secondary phone (cell) _____ Email _____

Has the registrant: received the Holy Ghost? _____ ... been baptized in Jesus Name? _____

Medicare # _____ Medical Info. (Allergies, Disabilities, Tendencies)

_____ Full Camp (Lodging, Meals, Activities, Services) \$125 or \$110/child for 2+ in the same family

_____ Day Camp (Meals, Activities, Services) \$90 or \$75/child for 2 or more in the same family.

Registration Deadline June 16th - Late Registration add \$50 per camper.

Permission:

As a parent/legal guardian of the aforementioned child, I give permission for the child to be involved in the overall activities of the camp indicated above. I recognize that motion and/or still pictures of the registrants may be used in digital and/or printed promotions.

I also acknowledge that if the child has to return home early for discipline violations, it will be at my expense.

I understand all reasonable safety precautions will be taken at all times by the Atlantic District UPC and its agents during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the child in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Atlantic District UPC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the child.

(Parent's Name)

(Parent's Signature)

(Date)

I agree to participate in activities, follow the rules, respect the staff and have fun.

(Child's Name)

(Child's Signature)

(Date)

I give my permission for this child to attend this event.

(Pastor's Name)

(Pastor's Signature)

(Date)

Payment must accompany registration. Make remittance payable to Atlantic District UPC.

Mail to:

Derek Ellison

8962 Route 3

Old Ridge, NB E3L 4W4