

Love God Love People

OFFICIAL RELEASE FORM

PLEASE RETURN THIS FORM ALONG WITH THE REGISTRATION FORM FOR EACH ATTENDEE

Please print clearly (one application per camper)

Name: _____ Age: _____ Birthday: _____ Gender: _____

(must be age 12 by December 1st)

Mailing Address: _____ City: _____ St: _____ Zip: _____

Church: _____ City: _____ Pastor's name: _____

Parent/Guardian's Name: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

Allergies/Medical Considerations: _____

Should my child need medical attention, I grant permission to the Colorado District Youth convention staff to take the appropriate action deemed necessary by them for both First Aid treatment and/or hospitalization and will assume the responsibility for this. In addition, I also grant permission for my child to be transported to and from events with drivers designated by the Youth Board.

Parent's Signature: _____

Pastor Recommendation: As pastor of the above-named child I recommend, without mental or spiritual reservation, that this child be enrolled in Youth Convention.

Pastor's Signature: _____

Camper Agreement: I agree to adhere to all rules, including dress code, and to respect all camp staff while enrolled at camp.

Camper's Signature: _____