



Sponsored by Wabash Valley Youth for Christ
Camp Rivervale – September 24-26, 2010
Registration and Medical Release Form

Name:
Address:
City, State, Zip:
Phone: (home or main # please)
Church:
Email:
Birthday: Ring Size
Student's Cell #:
Parent/Gaurdian Cell #:

Names of people you would prefer to be grouped with:
List of known allergies:
Medications currently taken:

Health Insurance Company:
Policy #:

I authorize Youth for Christ to give consent to a physician and/or hospital for emergency medical or surgical treatment during my daughter's participation in this event. It is understood that I will assume any financial repsonsibility for any expense that may be incurred for said emergency treatment. Further, I give Youth for Christ permission to use photos and video taken during programs/functions in promotional materials. I do certify that I am covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature Date

Person to notify in an emergency:

Name Relationship Phone
Name Relationship Phone

Early Bird Cost: \$60 (by August 30th)
Regular Cost: \$70 (by September 13th)
Paid in full by check on
cash on