

2024 INDIVIDUAL STUDENT REGISTRATION FORM

(Please print clearly.)

NAME:	PRIMARY PH	ONE: ()
ADDRESS:	_ CITY:	_ STATE: ZIP:
COUNTY:	_ GENDER: M F	
DATE OF BIRTH: / / GRA	ADE TO COMPLETE IN SPRIN	G 2024: TSHIRT SIZE:
SPECIAL NEEDS, REQUEST FOR ACCESS	IBLE FACILITIES: NO YES	
CHURCH INFORMATION		
CHURCH:	CHURCH CITY:	
YOUTH LEADER/PASTOR SIGNATURE:		
PERMISSION TO SWIM IN LAKE WITH LIF	FEGUARD SUPERVISION? YE	S NO
PERMISSION FOR PHOTOS/VIDEO TO BE	E TAKEN AND USED FOR PRO	MOTIONAL PURPOSES? YES NO
PARENT/GUARDIAN CONS		
PRINT PARENT/GUARDIAN NAME	PARENT/GU	ARDIAN SIGNATURE
PARENT/GUARDIAN ADDRESS (if differen	t from above):	
STREET	CITY	STATE ZIP
WORK PHONE: ()	_ CELL PHONE: ()	

ATTENTION PARENTS OR GUARDIANS:

- 1. Any participant without a completed registration and health forms will not be allowed to stay at camp.
- 2. Please register through your church leader. A \$50 deposit of the camp registration fee is required in order to hold a spot for your student. The remaining registration fee must be paid by the beginning of camp. In order to receive the early bird price (\$219), the \$50 deposit must be paid by May 1, 2024.