

SUMMER CAMP 2019 REGISTRATION

FOR CAMPERS UNDER THE AGE OF 18
JULY 18-20 • SPICEWOOD, TX

- PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK
- FILL OUT ALL SECTIONS **COMPLETELY**
- THERE WILL BE A \$10 FEE ASSESSED FOR ANY INCOMPLETE FORMS

<input type="checkbox"/>	EARLY \$150 BY JUNE 14
<input type="checkbox"/>	REGULAR \$160 BY JULY 5
<input type="checkbox"/>	ON-SITE \$170

CAMPERS INFORMATION

CAMPERS NAME:

GENDER AT BIRTH:

AGE:

MAILING ADDRESS:

CHURCH NAME:

CITY/STATE/ZIP

PASTOR'S SIGNATURE

HEALTH INFORMATION

PLEASE INDICATE IF ANY OF THESE APPLY TO YOU. IF NOT, YOU MUST INDICATE WITH "NA". NO FORM WILL BE ACCEPTED IF BLANK. FOR EMERGENCY USE ONLY.

HEART:

DIABETES:

EYES:

LUNGS:

ALLERGIES:

EARS:

SKIN:

NERVES:

IF ANY OF THESE CONDITIONS APPLY PLEASE EXPLAIN:

DO YOU HAVE ANY PHYSICAL RESTRICTIONS?

EXPLAIN:

ARE YOU TAKING ANY SPECIAL MEDICATIONS?

EXPLAIN:

ARE YOU ALLERGIC TO ANY MEDICATION?

EXPLAIN:

PARENTS/GUARDIAN CONSENT

I, _____ (camper's name) do hereby state that I have legal custody of the child who resides with me and have read and approved the included camp information. I give my permission for my child to attend camp and participate in all activities. In consideration of my child being allowed to participate in this event, I authorize the Texas Louisiana Hispanic District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video. I give my permission for authorized camp personnel to inspect camper's belongings to insure that they have no illegal or prohibited items. I will be held responsible for any and all damages my child may cause to the camp site or facilities. I hereby authorize any authorized camp personnel to obtain any medical care necessary. I authorize emergency treatment in the event of illness/injury when parents are not immediately available. I understand, if necessary, the camper will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred and hold TLYM harmless of any expenses.

PARENT/GUARDIAN SIGNATURE:

DATE:

EMERGENCY PHONE NUMBER:

ALTERNATE PHONE NUMBER

I, _____, **AGREE TO ABIDE BY ALL CAMP RULES AND PROGRAM.**

A \$50 PER PERSON NON-REFUNDABLE CHURCH CHECK OR MONEY ORDER MADE OUT TO TLYM MUST ACCOMPANY EACH REGISTRATION FORM TO SECURE YOUR SPOT. BALANCE IS DUE UPON ARRIVAL TO CAMP.



MAIL COMPLETED FORMS TO:
TEXAS LOUISIANA YOUTH MINISTRIES
PO BOX 38751, Houston, TX 77238

IF YOU HAVE ANY QUESTIONS REGARDING YOUR REGISTRATION, PLEASE CONTACT THE DISTRICT OFFICE AT (281) 407-0719 or INFO@TLYM.ORG

The district office is not responsible for lost, stolen or destroyed mail.

Cancellation Policy: There will be absolutely NO refunds for any registrations. However, registration may be transferred to another registrant at no additional cost.