

“SPONSOR”
“YOUTH CAMP – 2008”
REGISTRATION FORM
(Please **PRINT** all information)
JUNE 30 – JULY 4, 2008

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Email: _____

Phone: (____) _____ Date of Birth _____

Male _____ Female _____ Home Church: _____

T-SHIRT SIZE: ____ Adult Small; ____ Adult Medium; ____ Adult Large; ____ Adult X-Large;
____ Other Size: _____

COST:

\$175.00 / per person

All registrations forms and \$175.00 **MUST** be **received** by **June 4, 2008**. Any registrations received after the deadline of **June 4, 2008** will be subject to a Late Fee of \$25.00 and will not be guaranteed a t-shirt.

MAIL REGISTRATIONS TO:

Jennifer Denby
198 Beeney Road SE
Port Charlotte, Florida 33952
(941) 380-6488

Checks payable to: Southern Florida District NYI

SPONSOR: I understand that there are responsibilities in being a Sponsor and I understand and agree to such responsibilities. I promise to be responsible for the group that I am assigned to; to be an encouragement to others; to cooperate with the Coordinators of the event and to be a true witness for Christ.

(Signature)

INSURANCE AND MEDICAL INFORMATION
(All Sponsors must be covered by their own personal insurance)

Please list any medical problems: _____

Allergies: _____

Past Surgeries: _____

Name of medications & dosage you will be taking: _____

List medications you are allergic to: _____

Home Phone: (____) _____ Work Phone: (____) _____

Emergency Phone: (____) _____ Contact Person: _____

Insurance Company _____ Policy # _____

Social Security Number: _____

I hereby give authority to Johnnie Denby as NYI President and/or Geoff Davis as Camp Coordinator to obtain necessary medical attention or to authorize treatment at any hospital in the event of a medical emergency. I agree to release and hold harmless any and all staff and lay assistants of the District/Regional NYI from any and all claims, suits, costs, and actions of any kind whatsoever, arising from their exercise of the power granted by this authorization, unless due to culpable negligence.

Sponsor Signature _____
(Signature must be in the presence of a Notary public)

Before me, A Notary Public, in and for said County and State/Province this _____ day of _____ 200__ personally appeared _____ and acknowledged execution of the foregoing.

In Witness whereof, I have hereunto set my hand and Notary Seal.

State/Province of: _____ **County of:** _____

Notary Public Signature: _____

My Commission expiration date: ____/____/____

Notary Seal