

**Generation Yes 2012 Winter Camp
Participant Registration and Medical Release**

(This form is required for every counselor/camper)

Participant Information:

Name: _____
Birth date: _____
Phone /Cell: _____
email: _____
Web: myspace: facebook: addresses: _____

Church Contact Information

Church Name: _____
Pastor: _____ Phone _____
Youth Pastor / Leader _____
Address _____
Email: _____

For Campers: Parent /Guardian Information

Parent/Guardian _____
Address _____
Phone _____ Cell _____
Email: _____

Medical Release - Summer Camp, January 14-16, 2012:

Pacific Western Conference and its designees have my express permission to procure medical treatment for the above named individual in the event of a medical emergency. I understand that I am responsible for all fees and charges for such treatment and hold Pacific Western Conference and its designees harmless from all liability of loss associated with participation in this event. I will reimburse Pacific Western Conference or its designees of any expense incurred in the event of loss or injury while participating in this event. I understand that participation is voluntarily and I assume all risk associated with this event.

(Must be signed by guardian or participant over 18 years old)

Name(Print): _____ Signature: _____ Date: _____
Insurance Provider: _____
Physician Name _____ Phone _____
Insurance Policy Number / MediCal Number _____