

REDEMPTION MINISTRIES



"My Father is Greater Than I"

PASTORS AARON & DENISE HARLEY

Youth Camp '2007'

LAUREL HILL STATE PARK, SOMMERSET, PENNSYLVANIA

JULY 14, 2007 (SATURDAY) THRU JULY 20, 2007 (FRIDAY)

REGISTRATION FORM

PARENT or GUARDIAN: Complete one Registration Form for each child;

Youth Age range for camp attendance is 8 thru 20 years; MINIMUM AGE FOR ATTENDANCE AT THE CAMP IS EIGHT (8) YEARS OLD; (I.E. YOUR CHILD MUST BE 8 YRS. OLD BY DEC. 2006 TO ATTEND THE YOUTH CAMP).

Please!! Return the form(s) by no later than Sunday, June 24, 2007.

Child's Name: _____

Address: _____

Grade: (*this past year*) _____ Birthdate: _____ Age: _____

Name of Parent / Guardian: _____

Phone Nos: _____ (*Home*): _____ (*Work*) _____ (*Cell Phone*) _____

Does your child have any medical or "other" problems? Yes ___ No ___ If Yes, Please explain.

Is your child presently taking any medication(s)? Yes ___ No ___ If Yes, Please list all.

Does your child have any Allergies? (e.g. foods, plants, animals, etc.) Yes ___ No ___ If Yes, Please list all.

Is your child allergic to any medicines, drugs, etc? Yes ___ No ___ If Yes, Please list all.

Does Your Child have Medical Insurance? Yes ___ No ___ If Yes, Provide Info: (i.e. Ins. Name; I.D.#, etc.

I hereby give my permission for my child to attend the 'YOUTH CAMP '2007', and to participate in all of the activities provided during the camp. I further agree that my child will be required to comply with all camp rules.

In the event of any emergency situation involving my child, I also give my permission for the camp staff to take my child to the nearest emergency or medical facility for treatment.

Signature: Parent or Guardian: _____ Date: _____