NAVAJO BAPTIST BIBLE FELLOWSHIP YOUTH CAMP

(THIS IS A REGISTRATION AND MEDICAL AUTHORIZATION/RELEASE FORM. PLEASE PRINT CLEARLY!)

STUDENT'S FULL NAME:		AGE:
*Students E-mail:	(Cell Ph. #:)
CHURCH NAME:		

(NAME OF CHURCH THAT YOU ARE ATTENDING CAMP WITH)

We give our permission for our son/daughter

to participate in the *NAVAJO BAPTIST BIBLE FELLOWSHIP YOUTH CAMP* from **JUNE 7-11, 2010** to be held at the Navajo Baptist Bible Fellowship property in **Kirtland, New Mexico**.

We hereby release the group leaders, any sponsoring Church, the Navajo Baptist Bible Fellowship, and the owners or operators of any property where the activities may take place, from liability in the event of illness, injury, or loss occurring to our son/daughter, or their personal belongings. We will make no claim as a result thereof.

Should our son/daughter not abide by the established rules of conduct we understand that they will be returned home, and we agree to pay for the necessary transportation expenses.

We authorize those in charge of the delegation to make medical arrangements for the care of our son/daughter as deemed necessary. We further authorize any licensed medical person or facility to treat our son/daughter. We agree to assume full financial responsibility for any medical services provided.

To the best of our knowledge, our son/daughter is physically able to participate in all aspects of the activities.

PLEASE LIST ANY SPECIAL HEALTH FACTORS WHICH YOUR SON/DAUGHTER HAS SUCH AS ASTHMA, HEART CONDITION, EPILEPSY, DIABETES, ALLERGIC REACTION, ETC. _____

PLEASE LIST ANY PRESCRIBED OR PATENT MEDICATIONS THAT YOUR SON/DAUGHTER WILL BE TAKING WHILE ATTENDING THIS ACTIVITY: _____

Parent or Guardian Signature:	DATE	
Witness:	(Relation to camper)	
Parents Home Telephone #:	(Work #:)
Parents Cell Phone #:	(E-Mail:)
*Phone Number of Friend or Relative who	o would know whereabouts of Parent:	
Family Doctor:	(Phone:)