

CampSOS 2010 - Registration

“I’ll go... send me!” (Isaiah 6:8)

Are you ready for a week of service, worship and fun? Fill out this form COMPLETELY (including parent’s signature), and turn it in to your youth leader. See you in July!

CAMPER INFORMATION

Last Name: _____ First Name: _____

Home Address: _____

Phone: _____ Email: _____

Gender: Male Female Birth Date: _____

Home Church: _____

Grade Last Completed: _____ T-shirt size: S M L XL XXL XXXL

Please list a maximum of three people you would like in your outreach group:

1. _____ 2. _____ 3. _____

Any specific dietary needs? Vegetarian Food Allergy (Please list: _____)

Other: (Please list: _____)

REGISTRATION FEES

Your registration fee is determined by the date that Wheeling Vineyard Church receives your payment. Please indicate your payment information below:

Payment received: \$50 - Before June 20, 2010 \$70 - After June 20, 2010

**Registration CLOSES on July 2, 2010 – no exceptions!

Form of payment: Cash (please enclose) Check (please enclose)

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL RELEASE

I, the parent/guardian of this child, give permission for the above named student to join the Wheeling Vineyard Church for CampSOS 2010, from July 13-14, 2010. I release the Wheeling Vineyard Church from responsibility and liability for any injury or illness that my child may sustain during this activity. I authorize Wheeling Vineyard Church staff and leaders from my home church to act as agents for me, to consent to any emergency medical treatment, and hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state of West Virginia. I expect to be contacted as soon as possible in the event of an emergency.

Medical Insurance Company: _____ Policy #: _____

Card Member’s Name: _____ Expiration Date: _____

Medications being taken: _____

Allergies, physical and/or other limitations: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Office use only: Date received _____ Amount received _____ Initials _____