



I am registering for (circle one): SonSafari Kids Camp Awakening Youth Camp

CAMPER INFORMATION

Name _____ Circle One: MALE / FEMALE
 Address _____
 City _____ State _____ Zip _____
 Birthdate _____ Age _____ Grace (2013-14 School Year) _____
 Camper's Phone Number (Home and/or Cell) _____
 Camper's Email Address _____
 T-Shirt Size: Youth Sizes ___ 6-8 ___ 10-12 ___ 14-16 Adult Sizes ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL
 Name of Parent/Guardian _____
 Parent/Guardian Phone Numbers _____

MEDICAL CONSENT

In the case of an emergency, I understand that every effort will be made to contact me (parent or guardian). In the event I cannot be reached, I hereby give my permission to the Camp Directors and physician selected by the Camp Directors to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for the camper. I understand that if any accident should occur, or any sickness, which my child may have, it is my responsibility and neither the camp nor New Vision Ministries will be liable for any of the expenses incurred in such cases.

Emergency Contact Information (if parent cannot be reached in the event of an emergency, who should be contacted?)

Name _____ Phone Number _____
 Relationship to Camper _____
 Signature of Parent/Guardian _____

CHECKOUT INFORMATION

List the names of person that your child may be released to. For the camper's protection, campers will not be released to anyone other than those listed here.

STATEMENT OF CERTIFICATION AND UNDERSTANDING

I certify that the information provided on this application is accurate to the best of my knowledge; I understand that in signing this application, I am agreeing to abide by all the policies and rules of the camp that is sponsored by New Vision Ministries.

Camper Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

_____ Cash Received _____ Check Received (Check # _____) Received by _____ Date _____