

UPRISING SUMMER CAMP REGISTRATION FORM

<p>LAST NAME _____ FIRST NAME _____ MIDDLE _____</p> <p>ADDRESS _____</p> <p>CITY/STATE _____ ZIP _____</p> <p>HOME PHONE _____ CELL # _____ MALE / FEMALE (circle one)</p> <p>AGE _____ D.O.B. ____/____/____ GRADE _____</p> <p>LIST UP TO FOUR FRIENDS YOU WOULD LIKE TO ROOM WITH:</p> <p>1. _____ 3. _____</p> <p>2. _____ 4. _____</p>	<p style="text-align: center;">CONTACTS IN CASE OF EMERGENCY : (OTHER THAN PARENT OR GUARDIAN)</p> <p>1. _____ NAME _____</p> <p>PHONE _____</p> <p>RELATIONSHIP TO MINOR _____</p> <p>2. _____ NAME _____</p> <p>PHONE _____</p> <p>RELATIONSHIP TO MINOR _____</p>
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PERMISSION TO PARTICIPATE/LIABILITY RELEASE

I, as the legal parent/guardian of the above listed minor, do grant him/her permission to participate in this Stockton Christian Life Center activity:

UPRISING SUMMER CAMP
JUNE 14-18, 2009

I hereby release Stockton Christian Life Center, Inc., CLC Youth Ministries, any CLC Youth Camp Staff, and any employees of Stockton Christian Life Center, Inc. from any liability due to accidents, injuries, or any other unfortunate events that might occur to this minor during this activity.

I also grant the CLC Youth Camp Staff the authority to discipline any rule violations committed by this child. Punishment may include, but is not limited to, exclusion from participation in this activity without financial reimbursement.

By my signature I do grant permission for this minor to participate in this activity and do show my willingness to comply completely with the terms and details of this agreement.

NAME OF PARENT/GUARDIAN _____	SIGNATURE OF PARENT/GUARDIAN _____	DATE ____/____/____
NAME OF PASTOR _____	SIGNATURE OF PASTOR _____	DATE ____/____/____



Payment Record			
Payment made by (name)	Amount	Cash/CK#	Date received

Put it on the card!

Visa/MC #: _____

Exp. Date ____/____ CVN#: _____

Signature: _____

Please fill out emergency information located on reverse side.
Uncompleted applications will not be accepted.