The Parable of the Sower

Mark 4:1-20

REACh Youth Camp Pine Valley 2014

Thursday June 19– Sunday June 22, 2014

- Fill out this for completely (print neatly) and return it your youth leader/REACh Rep.
- Checks payable to **New Life Christian Alliance Church** – memo: "*Pine Valley Youth Camp - registrant's name*"
  - $190 Early Registration (before Sunday May 4, 2014)
  - $200 Regular Registration (May 5 - June 15, 2014)

*****NOTE**:** A full refund is not guaranteed after June 2nd, 2014 *

Registration deadline is **Sunday June 15, 2014**

- Questions or concerns? Email **Elton Wong** at eltondbwong@gmail.com

STUDENT CAMPER INFORMATION

Name of Camper: _____ Registering Church: _____

Grade Completed (as of June 2014): _____ Gender (circle one): Male Female

Home Address: _____
Address City State Zip Code

Camper Home Phone #: _____ Alternative Number: _____

Arrival Date (circle one): Thur. Fri. Sat. T-Shirt Size (adult sizes): Small Medium Large XL XXL

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

MEDICAL AUTHORIZATION. Should it be necessary for my child to have medical treatment while participating in any camp activity, I hereby authorize any camp volunteer staff member to procure and approve emergency treatment for my child deemed necessary and appropriate. I understand that this authorization will only be used in the event that I cannot be contacted prior to treatment. I agree to release and hold harmless all camp volunteer staff, the Christian & Missionary Alliance (C&MA) South Pacific District and any C&MA church from any injury or damages incurred in the procurement or treatment of my child should such medical authorization be exercised.

Medical Insurance Carrier: _____ Policy Number: _____

Family Physician: _____ Physician Phone #: _____

Please indicate any medical restrictions or allergic reactions due to medication:

_____

Parent Home Phone #_____ Parent Emergency #: _____

I have read and understand the foregoing medical authorization and agree to its terms: _____ (Parent Initial)

RELEASE OF LIABILITY. I understand that the activities which my child will participate in during camp can and will at times involve risk of injury. I agree to release and hold harmless all camp volunteer staff, the Christian & Missionary Alliance (C&MA) South Pacific District and any C&MA church, as well as any of their officers, officials, agents, employees, and any related entities (collectively referred to as "RELEASEES") from liability for any and all injury, death or damages arising out of my child's participation in any and all camp activities. I understand and agree that this release shall include any injuries or damages arising out of any cause whatsoever, including the negligence of any RELEASEES, except those caused by the gross negligence or intentional and malicious conduct of RELEASEES.

By signing below, I (print parent/guardian name)_____ acknowledge that I have read, understand, and agree to the foregoing MEDICAL AUTHORIZATION and RELEASE OF LIABILITY:

Signature of Parent/Guardian: _____Date: _____