

# 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 Registration for Counselor/Staff
    - \*NOTE: A full refund is not guaranteed after June 2<sup>nd</sup>, 2014 \*
    - \*\*Registration deadline is **Sunday June 15, 2014**\*\*
- Questions or concerns? Email **Elton Wong** at [eltondbwong@gmail.com](mailto:eltondbwong@gmail.com)

### COUNSELOR/STAFF INFORMATION

Name of (Counselor/Staff): \_\_\_\_\_ Registering Church: \_\_\_\_\_  
(Please Circle One. If this is your first year as Counselor or Staff, you need to complete a recommendation form)

College/Career (Circle one. If college, put year just completed. ie: 1<sup>st</sup>, 2<sup>nd</sup>, etc...) \_\_\_\_\_ Gender (circle one): Male Female

Home Address: \_\_\_\_\_  
Address City State Zip Code

Home Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

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 to receive medical treatment while participating in any camp activity, I hereby authorize any camp volunteer staff member to procure and approve emergency treatment for myself 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 myself 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:

Emergency Contact \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name Relation

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

**RELEASE OF LIABILITY.** I understand that the activities which I 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 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 your name) \_\_\_\_\_ acknowledge that I have read, understand and agree to the foregoing MEDICAL AUTHORIZATION and RELEASE OF LIABILITY:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_