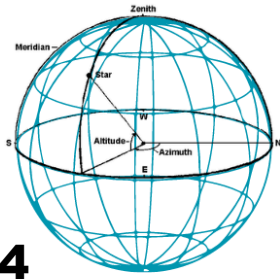




ZENITH 2024



Camp Elkanah Youth Event Registration and Release Form

Youth Leaders: Copy this form and distribute to each student for completion. DO NOT SEND WITH REGISTRATION. Bring one complete set of copied forms to check in. Keep the originals with you.

Note to Student: In order to attend this event, you and your parent/guardian must complete and sign this form.

ATTENDING WITH _____
Church _____ City/State/Zip _____

I give (student's name) _____ permission to participate in the Zenith 2024 Youth Event at Camp Elkanah.

Student/Participant Agreement

I understand that while attending East By Northeast youth event, I am under the direction and authority of those leaders in charge. This event will be run within the standards set by the Blue Mountain Conservative Baptist Association and the church I attend with. I understand that the above named event is a Christian event and will have spiritual emphasis. I understand that I must register with a church group to attend, and that I am expected to be with the group at all times. I also understand that the use of alcoholic beverages, illegal drugs, tobacco, marijuana, fireworks, foul language, and abusive or lewd behavior are prohibited. Any variance in the rules and/or regulations will result in immediate expulsion; my parents, guardians or emergency contact person will be contacted to pick me up.

Signature of participant _____

Address _____

City _____ State _____ Zip _____ Phone _____

Grade in school _____ Age _____ Birth date _____

Should an accident or medical emergency occur during the time my child is en route to, from, or during the activity, and the responsible leaders are unable to reach the parents or guardian for authorization, I hereby give consent for the responsible leaders to authorize such hospitalization or treatment upon the advice of a qualified physician, as necessary, including injection, anesthesia, or surgery.

In case of injury or need of assistance, the best available emergency contact person is:

Name _____ Emergency Phone _____

Any food allergies, special dietary needs, or medical problems that we need to be aware of? _____

Name and policy number of medical insurance: _____

Parent(s)/Guardian(s):(Please Print) _____

Signature _____ Date ____/____/____