

IGNITE YOUTH CAMP

DEADLINE TO REGISTER MAY 5th

*****REGISTRATION AND LIABILITY RELEASE FORM*****

****All campers/counselors must purchase tickets online.****

CAMP FEES: \$95		
CAMP DATES: Thursday, June 6th – Sunday, June 9th	AGES: 7 – 19	

Camper's Name: _____ *Nickname/Preferred Name:* _____
(First Name) (Last Name)

Phone Number: _____ Email:(opt.) _____

Church: _____ Birthday: ____ / ____ / ____ Age: ____ Male ____ Female ____

*All campers must be age 7 or older by start of camp.

Does the camper have any allergies or medical conditions? YES NO (drug, food, environmental) If yes, please list and explain in detail. _____

EMERGENCY CONTACTS:

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

***Please note:** If your camper requires any medication to be taken at camp, it must be done under the supervision of their church Youth Director. Parents please make these arrangements with your Youth Director before sending your child to camp. Ignite Youth Camp **WILL NOT BE RESPONSIBLE FOR ANY MEDICATIONS OR THE ADMINISTIRING OF ANY MEDICATIONS.** *There will NOT be any nursing or medical staff available on site, although CPR and First Aid Certified Volunteers will be present at all times.*

Please initial by the activities your child may participate in: Water Slide _____ Swimming Pool _____

- YES.** I, parent/guardian, hereby **GIVE** approval for my child to participate in pool activities. I relieve **Ignite Youth Camp, Ignition Point Ministries, Camp Armstrong, and all affiliated staff** of the programs listed from any and all liability for sickness, accidents, or injuries while participating in this type of activities. In the event of an emergency and I cannot be contacted, I give my consent to the Camp Director to authorize medical help on site or at an appropriate medical facility.
- NO.** I, parent/guardian, **DO NOT** give consent for my child to participate in any pool activities.

I, parent or guardian, hereby give approval for my child to attend the **Ignite Youth Camp** at Camp Armstrong and relieve **Ignite Youth Camp and Ignition Point Ministries, Camp Armstrong, and all affiliated staff** of the programs listed from any and all liability for sickness, accidents or injuries while attending or being transported to/from the camp facilities. In the event of an emergency and I cannot be contacted, I give my consent to the Camp Director to authorize medical help on site or at an appropriate medical facility. Please be aware that you are choosing to attend this camp at your own risk and by signing below you are releasing any of the above mentioned parties from liability of any and all injuries including those related to COVID. I give my permission to the Ignite Staff and Ignition Point Ministries to use pictures/videos of my child for the purpose of promoting the camp experience. YES NO

_____	_____
Parent or Legal Guardian (please print name)	Signature of Parent or Legal Guardian Date

Shirt is included in the camp fee. Please circle your size below.

YOUTH: S M L XL	ADULT: S M L XL 2X 3X
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