

Family Retreat 2020 Registration Form

Please read the entire form carefully. Sign and date. Thank you!

Family Name _____ Address _____
PO Box/Apartment # _____ City _____ State _____ Zip Code _____
Phone _____ E-mail _____

PLEASE LIST ALL FAMILY MEMBERS THAT WILL BE ATTENDING FAMILY CAMP

Family Member Name	Male/Female	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of church you attend _____ Pastor's Name _____
Pastor's Phone # _____ Pastor's Address _____

LIABILITY RELEASE

My family and I choose to participate in camp activities and understand we do this at our own risk. We will not hold SIMC liable for injury or loss of property. _____

(parent/guardian signature)

PHOTO RELEASE

I, _____ give my consent to use my or my children's photograph, likeness or image, whether in still frame, voice or video format by World Gospel Mission/American Indian Field/SIMC in publications, promotional brochures, video presentations, on the world wide web and in display formats. _____

(parent/guardian signature)

MEDICAL RELEASE

I give permission for first aid treatment to be given to me or my child if deemed advisable by the SIMC staff.

(parent/guardian signature) (date)

Insurance _____
(company) (policy number)

ALLERGIES: Do you or your child have any known allergies? ____ YES ____ NO

IF YES, please explain _____

PLEASE LIST ANY MEDICAL CONDITIONS OR RECENT ILLNESSES THAT WE NEED TO BE AWARE OF:

Emergency Contact _____ Phone # _____

We look forward to seeing you at FAMILY RETREAT 2020!!!