

WIBF SR CAMP
2017 CAMPER/COUNSELOR REGISTRATION FORM

Cost: \$190

(Please Print)

Church Name:

Pastor's Name:

CAMPER INFORMATION

Camper/Counselor's last name:

First:

Birth date:

/ /

Age:

Sex: M F

Grade Level Summer of 2015:

Street address:

Home phone:

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City:

State:

ZIP Code:

Email Address:

Parent's Name

T-Shirt Size

Small Medium Large XL XXL XXXL

MEDICAL INFORMATION

Parents and Counselors: All information must be filled out to complete registration.

List any allergies: _____

What medication do you take for allergies? _____

Are you taking any prescription medication? _____
(Please report this to the Camp Nurse)

List any Medical Conditions: _____

Family Doctor: _____ Doctor's Phone # _____

Primary Insurance: _____ Insurance ID # _____

In Case of accident, do you give permission to administer medical treatment? _____

In case of accident, do you give permission for transport? _____

Emergency Contact Information

1. Contact Name: _____ Phone: _____

2. Contact Name: _____ Phone: _____

3. Contact Name: _____ Phone: _____

Patient/Guardian signature

Date

**Washington Independent Baptist Fellowship and Graceway Baptist Camp
RELEASE AND ARBITRATION AGREEMENT
(Must be signed by all camp attendees 07/10/17 to 07/15/17)**

In consideration of WASHINGTON INDEPENDENT BAPTIST FELLOWSHP or GRACEWAY BAPTIST CAMP, I for myself, or the minor child named below, forever waive, release and discharge WASHINGTON INDEPENDENT BAPTIST FELLOWSHP and GRACEWAY BAPTIST CAMP (and its parent corporation) from any/all injuries, claims, disputes, liabilities, or actions resulting from WASHINGTON INDEPENDENT BAPTIST FELLOWSHP or GRACEWAY providing services for me and for my benefit regardless of location for the dates identified above. I attest and verify that I have full knowledge of the risks and dangers involved; that I assume such risks, and that I will assume and pay my own medical and emergency expenses, in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

Any controversy arising out of, connected to, or relating to any matters herein of the transactions between me and the above named parties or on behalf of the minor child named below, of this Release/Waiver, or the breach thereof, including, but not limited to any claims of violations of Federal and/or State Law, as well as any common law claims shall be settled by arbitrations through Christian Conciliation Services; and in accordance with this paragraph a judgment based upon the arbitrator's award may be entered in any court having jurisdiction thereof in accordance with the provisions of R.C.W. 7.04. This agreement shall be construed and interpreted under the laws of the State of Washington. I HAVE READ THIS WAIVER AND RELEASE CAREFULLY, AND UNDERSTAND IT.

Signature _____ Date _____
(Parent or Guardian Signature if participant named above is under 18)