

Frontrunnerz Summer Arts Camp Registration Form

Student's Name: _____

Date of Birth: ____/____/____ Age: _____ Male ____ Female ____

Address: _____ City/State/Zip _____

Parent/Legal Guardian Name: _____

Phone: (day) _____ (night) _____

If I cannot be reached, please notify _____

Phone: _____

Please list any food allergies: _____

Any special instructions or health conditions we should be aware of:

Medical Insurance Company _____ Policy # _____

Is your youth currently taking medicine or treatment sent with to camp? ____ Yes ____ No

If yes, give instructions for proper use:

I hereby grant permission for my son/daughter to take part in the **FRONTRUNNERZ SUMMER ARTS CAMP** (Sponsored by **Youth For Christ** and Facilitated by **Rhemadance**) from July 6 – 23, 2010. I also understand this form serves as a waiver release for any activities or trips that my student participates in. also. In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I/WE assume all risks and hazards incidental to such participation, and do hereby release, absolve, indemnify, and agree to hold harmless Frontrunnerz/Rhemadance/YFC of Southeastern Wisconsin, its employees and officers, chaperones, leaders, organizers, sponsors, and persons transporting our child to and from these activities. I, the undersigned, hereby consent to the use of any videotapes, photographs, or any other visual or audio reproduction in which my child may appear by Youth for Christ. I understand that these materials are being used for promotion of the youth ministry of Youth For Christ, which includes volunteer recruitment and fund-raising efforts. *All pictures and recordings shall be accounted for and protected from use by any unauthorized person or organization.* **I have read this release, understand all its terms, and execute it voluntarily and with full knowledge of its significance. In the event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered.**

Parent/Guardian Signature:

_____ Date: _____