

# 2011 Registration Form

**TRI STATE**  
just the beginning

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Phone \_\_\_\_\_  Home Phone  Cell Phone E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (if different from above) \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor \_\_\_\_\_

Pastor's Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Tri-State Camp is committed to providing a safe camping experience but there are still risks. We require all participants to wear a helmet for Skateboarding, Rollerblading and a full face mask for Paintball. (*Campers are encouraged to bring their own safety equipment. Tri-State will have a limited number of helmets and face masks available.*)

### SPECIAL RELEASE

By signing below, the participant and/or parent or guardian acknowledges and accepts the risks of physical injury associated with participation in the activities listed below:  
*(write in Skateboarding and/or Rollerblading and/or Paintball and initial)*

PAINTBALL	_____	Initial _____
ROLLERBLADING	_____	Initial _____
SKATEBOARDING	_____	Initial _____

Tri-State Camp reserves the right to deny participation to any individual if, in the opinion of Tri-State Camp, their participation represents a hazard to themselves or other participants.

### HEALTH INSURANCE PROVIDER:

\_\_\_\_\_ Policy # \_\_\_\_\_

Date of most recent Tetanus Booster \_\_\_\_\_

### Please indicate below any:

environmental allergies \_\_\_\_\_

medication allergies \_\_\_\_\_

chronic illnesses \_\_\_\_\_

Send Camper's medications in original bottle(s) with directions on the bottle(s). **Camp personnel will hold and dispense all medications!**

If there is any other medical information that the Nurse or First Aid person would need to know about the camper, please attach a separate sheet of paper.

For promotional purposes, videos and photographs are taken at all events and services. Your registration constitutes permission for RadForm Ministries and Tri-State Camp to use your picture in promotional materials.

### Parent/Guardian Signature Required

Except for gross negligence on the part of Tri-State Camp, the participant or parent/guardian accepts personal financial responsibility for any bodily injury sustained at camp. Further, the participant or parent/guardian promises to hold harmless Tri-State Camp and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant or parent/guardian agrees to resolve the matter through mutually acceptable arbitration.

I hereby release the camper named above into the care of camp personnel and give my permission for him/her to be treated by Camp First Aid personnel and/or hospital or physician assigned in case of medical emergency. I/We assume full responsibility for the cost of any emergency medical treatment and recognize that every attempt will be made to reach me/us in case of emergency.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Participant or Parent/Guardian if participant is a minor.

### Camper's Signature Required

I have read and agree to abide by the guidelines for clothing, cell phones and items not allowed at camp.

\_\_\_\_\_ Date \_\_\_\_\_

## IMPORTANT

Cost is \$210.00 *if Registration Form and Deposit of \$25.00 (or full payment) is postmarked on or before July 1, 2011. \$15.00 LATE Fee will be charged after July 1.* Make checks payable to **Tri-State Camp** and send with completed **Registration Form** to:

**MARVIN YOUNG**  
2605 Bulldog Ave  
Bethany, MO 64424