

Please return this form along with all completed form to the right. (PLEASE PRINT CLEARLY)

Open to all students 7th through 12th grades.

Camp Date: March 29-April 2nd 2010

Camp Cost: \$199.00 on / before February 28th | \$209.00 after March 1st

Date will be determined by postmark

MAIL EARLY | SPACE IS LIMITED | DON'T DELAY!

Camp begins Monday at 3:00pm and ends Friday at 1:30pm. Camp is held at Y.W.A.M.

Springs of Living Water, just outside of Chico, California. Send your completed registration form, along with a check or money order (for \$25.00 of the total registration fee) to your youth pastor, who will forward one check for all attending. (PLEASE PRINT CLEARLY)

Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Age _____ Sex _____ Grade _____

Church _____

Parents or Guardian name _____

Youth Pastor's Name _____

Bunkmate Choice _____

(ONLY ONE – SAME AGE, SAME ENVELOPE, MAIL EARLY)

I am enclosing \$ _____ registration fee. Registration fee is non-refundable.

P.O. Box 7445 | Stockton, CA 95267 | www.RadicalReality.org | radicalreality@comcast.com

Health Record & Consent Form

Name _____

Health Problems _____

Emergency Phone (____) _____

Drug Allergies _____

Polio Vaccination Yes No

Last Tetanus Shot (Date) _____

Activity Restrictions _____

Regular Medication _____

Insurance Company _____

Policy Number _____

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named on this consent form.

I / We do hereby release Radical Reality agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by the aforementioned camper during the involvement with Radical Reality camps.

PUBLICITY RELEASE: I hereby grant permission for Radical Reality to photograph/video my child during camp activities and to use the photographs in Radical Reality audio-visual and printed materials without compensation or approval rights.

PARENT'S SIGNATURE _____ DATE _____