

# 2020 Fall Youth Explosion Registration Form

(Please Print). Detach or photocopy this form & have each person fill out separately.

**DO NOT ALTER THIS FORM IN ANY WAY.**

**Pre-Registration is mandatory as space is limited.** One Registration per person.

**Youth Pastors:** Please send all registrations together with your check.

## REGISTRATION INFO

Camp Prices: Registration Deposit of \$50 included in cost.

Check One:

Youth  Youth Pastor

Dates	*Group	Individual	Night Sessions
Now – Oct 16	\$135	\$135	

\*Florida State Sales Tax Exempt form required

Name: \_\_\_\_\_

M/F: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Will you be attending with your youth pastor? Yes / No (circle one)

Youth Pastor: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Church Phone #: \_\_\_\_\_ Church Fax #: \_\_\_\_\_

Church Website: \_\_\_\_\_

Youth Pastor Ext/#: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

I, \_\_\_\_\_, the undersigned or undersigned parent/guardian, hereby consents to myself and/or to my child, who is \_\_\_\_\_ years of age, participating in the activities connected with the 2020 Youth Explosion "Stay the Course" camp, an activity sponsored by Christian Retreat Family Church from October 16, 2020 through October 18, 2020. I certify that I am able or that my child is able to participate in these activities, including extreme sports, swimming, canoeing, waterslide, and the Gauntlet. If I have or my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, an emergency contact can be reached at the telephone number listed below. If my emergency contact or parent/guardian cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, to make emergency medical decisions for myself or my child. If there are any activities I do not want to be involved in or that I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Christian Retreat / Gospel Crusade, Inc. and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury and/or illness to my child or property, even injury and/or illness resulting in death, including, but not limited to exposure to COVID-19, which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent/Guardian Signature \_\_\_\_\_

## EMERGENCY/MEDICAL INFORMATION (PLEASE USE BACK SIDE OF FORM IF NEEDED)

Physical/Medical Limitations: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

List any medications which will accompany you/your child to camp: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

I do not wish my child to participate in the following: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**PLEASE NOTE: Registrants will not be accepted without all information completed.**

## PAYMENT FORM

### MAKE CHECKS PAYABLE TO CHRISTIAN RETREAT

20 Registrations = Youth Pastor FREE

- \_\_\_\_\_ Number of Youth
- \_\_\_\_\_ Number of Youth Leaders
- \_\_\_\_\_ TOTAL NUMBER ATTENDING
- \_\_\_\_\_ TOTAL DEPOSIT (Total Number Attending x \$50)

(charged to credit card or by check)

**\*\*Deposit in non-refundable and non-transferable**

**Mail Check and Registration to:**

Christian Retreat

Attn: YEX USA

1200 Glory Way Blvd.

Bradenton, FL 34212

VISA  MASTERCARD  DISCOVER

Total Deposit (charged to my credit card)

Cardholder Name \_\_\_\_\_

Card # \_\_\_\_\_

Expires \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_