



REGISTRATION FORM

(All Youth Leaders/Campers/Camp Staff must submit an application)
5808 Lynn Rd., Tampa, Fl. 33624 (813) 908-0893
July 31st – August 3rd 2019

Name (First, Last) _____ Gender _____

Address _____ City _____ St _____ Zip _____

Church Name _____

DOB _____ Campers Age _____ School Grade _____ Home Phone _____

Parent or Guardian Name: _____

Cell # _____ Emergency # _____

Free T-Shirt if registration with deposit of \$50.00 is postmarked by May 31, 2019 Size _____

Early Bird \$189.00 by May 31st; Regular \$199.00 until July 13th; \$210.00 late registration

All checks and money orders are to be made out to Contagious Youth Camp. No personal checks will be accepted at the door.

Payment method: (Check) (Visa) (MC) (Money Order) (Cash)

Credit Card Number _____

Exp Date _____ Zip Code _____ Amount to Charge _____

Authorization Signature _____ Date _____

Admission Policy: Admission to Contagious Youth Camp-A ministry of Extraordinary Life Church is open to all persons regardless of race, color or national origin.

Insurance Policy/Liability Waiver: Extraordinary Life Church is a non-profit, charitable organization dependent on God and His people. Those who attend Extraordinary Life Church Events or facilities and/or engage in related activities waive and release Extraordinary Life Church from any claim for personal injury or property damage. Attendees agree to carry insurance or have the resources to cover the expenses related to personal injury or property damage.

Parental Authorization and Medical History: All campers and counselors are required to bring a current confidential medical history including immunization records with specific dates, and a parent/guardian's authorization for emergency medical care for campers.

INSURANCE PROVIDER: _____ **POLICY#** _____

In the event of an injury, accident, illness, or other emergency; I authorize _____, to be treated by a certified emergency room personnel such as emergency medical technicians, emergency room physicians, and other emergency room personnel such as nurses and laboratory technicians. I agree to accept financial responsibility for the costs related to this medical treatment.

Name _____ Phone _____ Date _____

I promise to obey the rules and regulations of Contagious Youth Camp and will cooperate with the leaders and campers. I also understand that I am not to leave camp grounds for any reason unless given permission by the executive camp staff. I also understand that executive staff has the right to dismiss me from the camp if I disregard the rules.(No refund will be given.) A parent will be required to pick you up upon dismissal. _____ Date _____



Release of Waiver of Liability

Please read carefully this is a legal document that affects your legal rights.

This Release and Waiver of Liability (The Release) executed on this day of _____, 2019, by _____ a minor (the "Volunteer / Participant"), and _____ the parent having legal custody and/or the legal guardian of the participant (the "Guardian"), in favor of Extraordinary Life Church, Inc. a nonprofit corporation, Contagious Youth Camp and Higher Hope International Ministries Inc., a Florida nonprofit corporation, its directors, officers, employees and agents (collectively, "HHIM").

The Volunteer and Guardian or participant desire that the Volunteer work as a volunteer/participant for Extraordinary Life Church and engage in the activities related to being a volunteer (the "activities"). The Volunteer/Participant and the Guardian understand that the activities may include constructing and rehabilitating or playing games or sporting events, which may incur incidents or injury of players.

The Volunteer/Participant and Guardian do hereby freely, voluntarily, and without duress execute the release under the following terms:

Release and Waiver: Volunteer and Guardian do hereby release and forever discharge and hold harmless Extraordinary Life Church and its successors.

Signature _____ Date _____

Photo and Video Release Form

I hereby grant Contagious Youth Camp (and its affiliated organizations) permission to use any photo(s), video(s), written statement(s), and all other forms of media (collectively, "Media") that includes my and/or my dependent's likeness in any and all of its publications, ads, and websites, in any form or media, including social media sites such as, but not limited to, Facebook, Twitter, and Myspace, without payment or any other consideration.

I understand and agree that these photos will become the property of the Contagious Youth Camp. I hereby irrevocably authorize, permit and license Contagious Youth Camp to edit, alter, copy, exhibit, publish, distribute or otherwise use in any form or media any photo for purposes of publicizing the Contagious Youth Camp programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my or my dependent's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Contagious Youth Camp from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate or my dependants have or may have by reason of this authorization.

Print Name of Participant _____ Date _____

Guardian/Parent (sign) _____ Date _____

(If under 18 years of age)