

# 2010 Summer Discipleship Camp

With John, Heidi, and Josiah Salinas ☺

## Registration

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

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

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

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

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

**Physician Contact:** \_\_\_\_\_

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

**Insurance:** \_\_\_\_\_

Allergies: \_\_\_\_\_

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

**Church:** \_\_\_\_\_

**Grade/Age:** \_\_\_\_\_

## **Consent and Waiver**

We are committed to making this experience safe and focused on spiritual development. Because we live in a fallen world where rules are not always followed, accidents happen and unforeseen circumstances occur, the following is to protect the applicant, your family, and our ministry:

**Consent to Release of Information:** I agree that any health information provided may be released as deemed necessary for the purpose of taking appropriate precautions to prevent harm to the applicant or others arising from any physical or mental health conditions the applicant may have.

**Consent to Examine:** I consent to examination and treatment of the applicant. **In Case of Emergency:** I understand that every effort will be made to contact parents or guardians in the event of an emergency. In the event that I cannot be reached, I hereby give permission to the physicians selected to hospitalize; secure proper treatments; and order injection, anesthesia, or surgery for the applicant as named.

**Liability Release:** The undersigned applicant, for himself or herself and parents or guardians, waives, discharges, and covenants not to sue John and Heidi Salinas and their camp ministry from all liability for all loss or damage and any claim or demands on account of injury to the person or property while participating in activities associated with camp including transportation to and from camp. The undersigned is fully aware of the inherent hazards and hereby elects to participate voluntarily and assumes all risk of loss, damage or injury that may be sustained by him or her.

You agree that the information provided is true and you agree with the terms and conditions:

18 and over: \_\_\_\_\_ Date: \_\_\_\_\_

Under 18: Parent and Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Please return checks and completed signed forms to:

John and Heidi Salinas  
50 Burton Lane,  
Vicksburg, MS 39180

Any questions or concerns can be written or please feel free to call or e-mail:

601-634-9513 or 601-738-0985  
Jsalinas@eden2.net