



**OFFICE USE ONLY**

Amount Paid \$ \_\_\_\_\_

Cash     Check # \_\_\_\_\_

Balance Due \$ \_\_\_\_\_  
*(if any)*

Balance Paid \$ \_\_\_\_\_

Cash     Check # \_\_\_\_\_

**Paid In Full**

**AIA Liability Release Signed**

Clerk's Initials \_\_\_\_\_

**\*\*\* PLEASE PRINT CLEARLY \*\*\***

PARTNERING CHURCH \_\_\_\_\_

CAMP DATE(S) \_\_\_\_\_

**1. PARTICIPANT(S):** *(Please use one form per family)*

| Last Name  | First Name | First Time?<br>(√) | Allergies, Medical Conditions, or<br>Pertinent Information? | Age | Birth Date | Fee |
|--|------------|--------------------|---|-----|------------|-----|
|  |            |                    |   |     |            | \$  |
|  |            |                    |   |     |            | \$  |
|  |            |                    |   |     |            | \$  |
|  |            |                    |   |     |            | \$  |
| <b>Total Fee</b> <i>(Please make checks payable to the hosting church)</i> |            |                    |   |     |            | \$  |

**2. MAIN CONTACT PERSON:** *(Please Circle One) Father / Mother / LEGAL Guardian – CAN NOT be just a friend or relative.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Main Contact # \_\_\_\_\_ Email \_\_\_\_\_

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

**3. EMERGENCY CONTACT** *(Other Than Main Contact):*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Emgcy. Phone # \_\_\_\_\_

Relationship to Camper(s) \_\_\_\_\_

**4. ALTERNATE ADULT APPROVED FOR PICK-UP** *(If necessary):*

Full Name \_\_\_\_\_ Relationship to Camper(s) \_\_\_\_\_

**5. MEDICAL CONSENT:**

In the event of any accident, sudden illness, or medical emergency involving the above named camper(s)/minor(s), I, the above named parent/guardian hereby authorize Cru project directors or their representative as an adult person(s) into whose care the participant(s)/minor(s) has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. This authorization is limited to the camp date(s) listed above.

**Signature of Parent or LEGAL Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(CAN NOT be just a friend or relative)*

**6. HOW DID YOU HEAR ABOUT THE EVENT?** \_\_\_\_\_ Church \_\_\_\_\_ Prior Attendance \_\_\_\_\_ Friend/Family \_\_\_\_\_ Street Sign  
\_\_\_\_\_ AIA Website \_\_\_\_\_ Social Media \_\_\_\_\_ Email \_\_\_\_\_ Poster \_\_\_\_\_ Radio \_\_\_\_\_ Other: \_\_\_\_\_