

# EXCEL CAMP REGISTRATION FORM

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Male or Female (Circle one)

Parent / Guardian's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell: \_\_\_\_\_

Church you attend: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Child's Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

I understand that if my child must take prescription medicine, that I must send the medication in its original container with the correct prescription information on it. I will include special instructions with the medicine on a separate sheet of paper and turn these into the Camp Director the day of arrival. This health information and history is correct as far as I know, and the child described herein has my permission to engage in all camp activities. If I cannot be reached in the event of an emergency, I hereby give permission for the camp leadership to secure proper medical treatment for the herein named child. I accept responsibility for payment of expenses incurred as a result of medical treatment. I further understand that by signing this release, I release and hold harmless Excel Camp, Living Faith Church, Kingdom Ministries International and each of their trustees, officers, employees, volunteers, and affiliated agencies from any liability, past or future, fully and completely.

\_\_\_\_\_  
Signature of Parent or Guardian                      Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I consent to my child being photographed during this event. I further agree that Living Faith Church shall have the right to copyright and to use my child's photograph, likeness and any reproduction or simulation thereof, for any publicity, advertising, training aids, or ministry website at any time and for any other purposes or materials deemed necessary.

\_\_\_\_\_  
Signature of Parent or Guardian                      Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please enclose proper registration forms and mail to:  
Living Faith Church Excel Camp, PO Box 1183 Kingwood, WV 26537

We reserve the right to dismiss any camper for unsatisfactory behavior at any time. No refunds will be given in these cases. Parents or guardians will be responsible for the transportation expenses of a dismissed camper.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
The forgoing attached instrument was acknowledged before me this \_\_\_\_\_  
(Date)  
By \_\_\_\_\_  
(Name of person acknowledged)  
My commission expires \_\_\_\_\_  
\_\_\_\_\_  
Notary Public  
(Please note that the parent of the participant must be present at registration in order for the notary on site to notarize this document. Otherwise, it must be notarized and stamped by your local notary.)

