

**ALACCA Bible Camp
Adult Registration Form**

PO Box 232, Grangeville, ID 83530

E-Mail: camp@alacca.org Phone: (208) 983-1188 Web Site: www.alacca.org

Please print clearly, your information is very important to us!

NAME & DATE OF EVENT: _____

PARTICIPANT

First Name _____ Last Name _____ Male Female (circle one)

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Church _____ Pastor _____

EMERGENCY CONTACT:

Name/Relationship _____

Phone _____ Cell Phone _____

IMPORTANT INFO

List allergies, food or others _____

RELEASES

If medical treatment is necessary by a certified First Aid person, a Nurse or Doctor,
I hereby grant my permission. **Yes** ____ **No** ____

I hereby give permission for images to be taken of myself (my child) at ALACCA through video, photo and digital camera, to be used solely for the purposes of promotional material and publications, and waive any rights of compensation or ownership thereto. **Yes** ____ **No** ____

Since all reasonable care is taken to insure the safety of participants at all times, I will not hold ALACCA, the Camp Director, or Board of Directors responsible for accidents on the ALACCA camp grounds or enroute to and from the camp property.

Guest/Participant Signature _____

OFFICE USE ONLY

Registration Fee Paid: _____ Cash Check # _____ T-Shirt Purchase: _____