

**ALACCA Bible Camp
Youth 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: _____

CAMPER

First Name _____ Last Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Child E-Mail _____ Male Female (circle one) Birthday _____ Age ____ Grade Fall 2012 _____

Church _____ Pastor _____

PARENT

Mom Dad Other (circle one) First Name _____ Last Name _____

Work Phone _____ Cell Phone _____ E-Mail _____

EMERGENCY CONTACT (in addition to parent):

Name/Relationship _____

Phone _____ Cell Phone _____

IMPORTANT INFO

List any roommate choices _____

List allergies, food or others _____

List all medications (prescription and over the counter) to be taken at camp, including names, reason, dosage, schedule, etc. _____

Describe any physical and/or emotional issues we should know about _____

RELEASES

I will cheerfully observe all camp rules. 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. 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** ____

Camper Signature _____

Parent/Guardian signature if under 18 _____

OFFICE USE ONLY

Registration Fee Paid: _____ Cash Check # _____ Cash On Deposit _____

T-Shirt Purchase: _____ Picture CD _____