

# 2013 Deepening Camp June 17-21 Arlington, TX

Name of Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
*Evening Day Cell*

Medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

Medications you are allergic to: \_\_\_\_\_  
\_\_\_\_\_

Is activity director authorized to approve medical treatment? ☐ Yes ☐ No  
Is participant covered by personal/family medical insurance? ☐ Yes ☐ No  
If yes, name of insurer: \_\_\_\_\_  
Policy or group number: \_\_\_\_\_

## PARTICIPATION AGREEMENT

By signing below, the participant acknowledges and accepts responsibility for any physical injury, and accepts personal financial responsibility for any bodily or personal injury sustained during activity. Further, the participant promises to hold harmless First Assembly of God, 4501 Burrow Drive, North Little Rock, Arkansas, and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable arbitration process.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: Male ☐ Female ☐

Class of: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Participating in the meal plan (pre-paid \$100): Yes ☐ No ☐

I would like to room with (list two names from your grade):

1. \_\_\_\_\_
2. \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Total Amount Due: \_\_\_\_\_

Deposit : \_\_\_\_\_

2nd Installment: \_\_\_\_\_

Final Payment: \_\_\_\_\_

Meal Plan: \_\_\_\_\_