

# Individual Registration Form for Camp Hope Ministries

Please print. All information must be completed!

Event Name: **Camp Hope Base Camp**

Date: **June 5-7**

## Personal Information

Name: \_\_\_\_\_ Gender:  Male  Female  
First Last

Preferred Name \_\_\_\_\_

For Nametag: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Congregation: \_\_\_\_\_  
Congregation Name City & State

Participant's Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

### In case of emergency, contact

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Check One:

- Youth (under 18 years of age)
- Young Adult (18 to 21 years of age)
- Adult (over age 21)

## Safety Information

Food or Environmental Allergies: \_\_\_\_\_

Special Needs or Limitations: \_\_\_\_\_

### Ministry Team Members Only

Will you be attending this event as a Ministry Team member? \_\_\_\_\_

If yes, which Ministry Team? \_\_\_\_\_

TX-LA Gulf Coast Synod Partnership for Youth & Family Ministry  
12707 North Freeway #580, Houston, TX 77060-1239

### Participant's Covenant:

#### **MUST BE SIGNED BY EVERY PERSON ATTENDING EVENT!**

In registering for this event, I am participating in an event which has as its purpose: Christian worship, fellowship and growth. I will refrain from using alcohol, tobacco or illegal drugs – no smoking is allowed (for youth), I will not bring anything that could be considered dangerous (fireworks, knives, lighters, etc.) I will participate fully in the event, honor time commitments and respect the rights of others. I understand that failure to abide by this covenant will result in consequences; one of which includes being sent home immediately at my own expense.

\_\_\_\_\_  
Participant Date

**Media Release:** I, the undersigned, hereby give permission for Camp Hope Ministries inc. to use, publish, or disclose in newsletters, brochures, periodicals, posters, websites or other media related vehicles, any photographs, videos, audios and any other material in which either I, or my minor child named at left, may have appeared, spoken, written, or otherwise been represented. I understand that a copy of this release will be kept on file to indemnify the synod for use of the materials indicated.

**Medical Release:** I hereby authorize my congregation sponsor and/or an event staff member to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that I, or my minor child named at left, should be admitted to any hospital, or be in need of medical treatment.

**Liability release:** I certify that the information described in this registration form is accurate and complete to the best of my knowledge. I hereby release Camp Hope Ministries inc. and the sponsors from any legal or financial responsibility with respect to participation in this event, or any known element associated with the event, including transportation by charter bus, rented van or private vehicle. I give permission for the distribution of the participant's address, e-mail addresses and phone numbers to others (for Ministry Team use only). I understand the implications of the Participant Covenant.

\_\_\_\_\_  
Parent or Participant (if age 18 or over) Date