MIRACLE MOUNTAIN CAMPER APPLICATION

July 17 – 21, 2019

# Camper’s Name (8 – 12 yrs.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Age \_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_\_\_

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

Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name & Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## The cost for camp is $120 per child.

## Paid registration received by June 1, 2019 includes a T-shirt:

## **Select a T-Shirt size:**

## Youth (circle one): S (6-8) / M (10-12) / L (14-16) Adult: S / M / L / XL

Make checks payable to: **Grangeville Gospel Tabernacle**

### Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send this application and your payment to:

MMC /GGT

340 Hwy 95 N.

Grangeville, ID 83530

**MEDICAL CONSENT & LIABILITY & PHOTO/VIDEO RELEASE FORM**

GRANGEVILLE GOSPEL TABERNACLE, INC

MIRACLE MOUNTAIN CAMP

613 N. State, Grangeville, ID - Mailing Address: 340 Hwy 95 N., Grangeville, ID 83530

Miracle Mountain Camp (Church Camp), July 2019

Name of Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Age: \_\_\_\_\_\_\_\_ Sex: M / F Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned parent(s)/guardian(s) of the above minor-age child (“child”) hereby give consent to Grangeville Gospel Tabernacle, Inc. (“GGT”) and its agents, volunteers, (including, but not limited to, David Sherman, Tamera Sherman, Billy Wikoff, Joyce Wikoff, Don Wikoff), to act on my/our behalf in obtaining any medical treatment or care of any nature for said child and I/we authorize any medical person or entity to rely on this authorization. I/we agree to be solely liable and responsible for the costs of such treatment or care. I/we release GGT and its agents, volunteers, (David Sherman, Tamera Sherman, Billy Wikoff, Joyce Wikoff, Don Wikoff) from any liability of any nature whatsoever relating to the above activities. I/we also release the owners of the property, David & Tamera Sherman and/or Billy & Joyce Wikoff,. This release is full, complete, and absolute, except to the extent limited by law. I/we understand that this release and authorization is an absolute prerequisite to my/our child participating in church camp and that it is retroactive to the first such participation even if signed later.

I/we give permission to have my/our child participate in all activities connected with church camp, including exposure to religious instruction, services, preaching of doctrines of salvation and the baptism of the Holy Spirit, until this permission is revoked in a writing actually delivered to GGT camp directors, David or Tamera Sherman. I/we understand that travel and other camp activities are inherently risky (including, but not limited to such matters as: disease; physical injury, natural disaster; and so forth).

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I grant to Miracle Mountain & David Sherman the right to take **photographs and/or video** of me or my child in connection with Miracle Mountain Camp and I authorize them, their assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Miracle Mountain & David Sherman may use such photographs and or video of me or my child with or without our names for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_