



Youth Week Individual Registration Form

Church: _____ dates attending: _____

Camper Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Camper's current Grade: _____ Age: _____ Male/Female (Circle one)

Dietary needs: Gluten-free _____ Dairy-free _____ Vegetarian _____ Check all that apply.

We can accommodate the above needs. Other needs must be met by individual bringing food to supplement meals.

T-Shirt Size: (only in adult sizes: XS,S,M,L,XL, etc.) _____

Parent/Guardian Names: _____

Parent/Guardian Phone - Home: _____ Cell: _____

I, the undersigned, promise to abide by the rules established for Youth Weeks at HCBC. I understand that my parents will be contacted and I may be sent home (without refund) if the rules are disregarded. I am also responsible to pay for damages to facilities or private property.

Signature of Camper

Date

If the camper needs to be discharged, who has permission to pick up the camper?

Name: _____ Cell: _____

*HCBC may use photographs taken during youth weeks for various purposes on our website, in our brochures, etc. If you would prefer us to not to use your picture, please check this box: ☐

I hereby give permission for church staff/counselor to accompany my minor child on any off-site trips, including, but not limited to, a hospital or doctor's office as needed.

Signature of Parent/Guardian

Date