

# Youth Camp Registration Packet

Welcome to CFN's Youth Camps. CFN cares about the health and well being of your children. We want camp to promote healthy living in a fun, safe and exciting environment. Our goal for all our youth programs is to keep kids engaged and active, all while creating a memorable and fun experience!

**Camp Contact Information:** Email – [Nate@LibertyChurch.net](mailto:Nate@LibertyChurch.net) Phone – 850-453-4318

## Step #1 - Registration Options

**By Mail** – Must be mailed 3 weeks prior to camp date. Mail completed packet to Liberty Church “Attention Youth Camp”  
2221 S. Blue Angel Pkwy. Pensacola, FL 32506

**In Person-** Bring completed registration packet to your Youth Director / Trip Leader

For more information Call Liberty Church at 850.453.4318 or email [nate@libertychurch.net](mailto:nate@libertychurch.net). Please call during regular Business hours, Mondays – Thursday 8:30am-5:00pm CST

## Step #2 Registration Checklist

- Complete Youth Camp Registration Form (with payment).
- Complete the Participants Health History
- Read and sign the Waivers and Release Forms**

### Confirmations & Receipts

All confirmations will be sent via email unless otherwise requested. This confirmation email will also double as your receipt.

### Cancellations & Refunds

To Receive a Refund, a written or email request for a refund, transfer or credit must be received no less than 10 days prior to the first day of camp to qualify. Refunds, transfers or credits assess a 10% transaction fee per child. No refunds, transfers or credits are issued for requests received within the 10-day window.

# CFN 2011 Youth Camp Registration Form

PLEASE PRINT CLEARLY

## Participant's Information:

**Child's Name:** Last First M(initial) Birthday (mm/dd/yyyy)

**Address:** Street City State Zip

**School:** Entering Grade: **Age:** **Gender:**

## Critical Contacts:

**Parent/Guardian #1:** Last First Relationship to the Participant

Best Phone # to be contacted at: Email Address

**Parent/Guardian #2:** Last First Relationship to the Participant

Best Phone # to be contacted at: Email Address

## Camp Fees and Payment Information:

### Payment Options:

**CASH:** Must sign up in person. Do NOT send cash through the mail.

**Checks:** All checks must be made payable to CFN. One check may be written for multiple students.

**Participants Health History**

**Allergies** – Does your child have any life threatening allergies?

\_\_\_\_No \_\_\_\_Yes -If yes, please list, describe the severity of the reaction, requested accommodations and what is done to manage them.

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**Medical, Physical or Emotional Conditions** (including disabilities) that may affect his/her experience at our camp?

\_\_\_\_No \_\_\_\_Yes - If yes, please provide information to assist us in providing the best camp experience for your child.

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**Medications** (including inhalers)

\_\_\_\_Yes \_\_\_\_No \_\_\_\_\_

If your child must take medications while at camp, please note that here. All medications must be in their original containers and be appropriately labeled. We must have an attached letter detailing the medications, doses and administrations instruments for all prescriptions. Please DO NOT give your camper's medication to them to bring to camp; medications MUST be received and held by our Camp Director.

**What have we forgotten to ask?**

(for example, does your child have any reaction to sunscreen?) Please provide any other information about your child's health, which has not been asked on this form that you deem relevant.

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**CFN Youth Camp Waiver and Release Form**

**Participant's Name:** Last\_\_\_\_\_ First\_\_\_\_\_ M Initial\_\_\_\_\_

**Liberty Church Youth Camp Participant Agreement**

- The health history is correct so far as I know and my child has permission to engage in all prescribed camp activities unless noted by me. My child is in good health.
- I understand that at the discretion of camp/program supervisor and/or staff, my child may be dismissed from the camp without refund, for inappropriate behavior.
- I give permission to CFN to use, reprint and reproduce any photographs or videos taken of my child. I understand that such material may be used by CFN to promote and market future camps/ programs.

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**Parent /Guardian Name** **Signature** **Date**

**Parent/Guardian Consent to Medical, Dental or Hospital Care**

**If an emergency situation occurs, we will make every effort to contact the parents or guardian.**

**Limited purpose power of attorney:** Consent to treat a minor - I consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to anyx-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment. I give permission/power to a staff or adult volunteer of CFN on behalf of all emergency treatment, medical care or dental treatment of my child that is determined necessary or desirable by the child's attending physician or dentist. I give permission to the staff, employees, volunteers or counselors at CFN Youth Camp to treat minor injuries and give medicine.

Signature of parent or legal guardian \_\_\_\_\_ (parent or legal guardian)

**Assumption of Risk – Liability Release & Waiver**

**I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE CFN SUMMER CAMP PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD CFN, ITS INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.**

**I am fully aware and understand that the CFN Youth Camp does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.**

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

\_\_\_\_\_  
Parent /Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date