



REGISTRATION FORM

for Senior Adults

Please print neatly and return in person.

PERSONAL INFORMATION

First Name

Last Name

Date of Birth

Age at Camp

Gender

T-shirt Size

Address

City

State

Zip

Email Address

Home Phone

Cell Phone

How frequently do you attend church? ☐ Weekly ☐ Monthly ☐ Never ☐ Other: _____

Church Name

Pastor's Name

Church Address

City

State

Zip

Is this your first time attending this camp? _____

If someone recruited you, what is their name? _____

Accommodations are in double-occupancy rooms. Single-occupancy rooms are available on a first-come-first-served basis. If there is a desired roommate, please indicate their name here: _____

EMERGENCY INFORMATION *Please indicate the person we should contact in case of an emergency.*

Name

Relationship

Email address

Home Phone

Cell Phone

Work Phone

AGREEMENT

I certify that the information in the entire registration packet (including Registration Form and Health History Form) is true and accurate. I realize that supplying false information will result in the loss of my space at Camp Dynamite and forfeiture of any registration fees.

I have read and agree with Camp Dynamite's dress code policy. I consent to the use of any audio or visual records of myself, without remuneration, to be used, distributed or displayed as agents of Camp Dynamite see fit.

Unless due to the willful fault or negligence of Camp Dynamite, DC Christian Ministries, its officers, directors, or employees, I discharge and release Camp Dynamite, DC Christian Ministries, its officers, directors, and employees, from any and all claims, demands and liabilities for property damage, personal injury and/or death to myself or my property. I will not sue, or commence any legal action, complaint, or charge against Camp Dynamite, DC Christian Ministries, its officers, directors and employees regarding any matter covered by this agreement and release.

By signing below, I acknowledge that I have carefully read this agreement and release of liability, that I am qualified to sign this agreement, and that I agree with its terms as binding to myself, my heirs, legal representatives, successors and assigns.

Signature

Printed Name

Date

Submit the completed registration form with the following documentation in person to the Camp Dynamite office during registration hours.

- | | |
|--|--|
| <input type="checkbox"/> Registration form | <input type="checkbox"/> Proof of current address |
| <input type="checkbox"/> Health History form | <input type="checkbox"/> Proof of health insurance |
| <input type="checkbox"/> Physician's statement | <input type="checkbox"/> \$20 deposit |
| <input type="checkbox"/> Proof of birthdate | |

FOR OFFICE USE ONLY

Amount Paid	Balance Due	Initials	Date

Notes: _____
