

KAF 2021 Registration Form for 7-13 year olds, youth and adults

(Please Print). Detach or photocopy this form & have each person fill out separately.

DO NOT ALTER THIS FORM IN ANY WAY.

Pre-Registration is mandatory as space is limited. One Registration per person.

Youth Pastors: Please send all registrations together with your check.

REGISTRATION INFO

Camp Prices: Registration Deposit of \$50 included in cost.

Check One:

Camper Chaperone Hero Kids/Youth Pastor Group

Registration Dates	*Group	Individual	Day Camp
Feb – April 30	\$255	\$255	\$180
May 1 st – June	\$300	\$300	\$180

*Florida State Sales Tax Exempt form required

Name: _____

M/F: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Parent/Guardian Names: _____

Cell #1: _____ Cell #2: _____

Emergency #: _____

Will you be attending with your youth pastor? Yes / No (circle one)

Youth Pastor: _____

Church Name: _____

Arts Workshop: 1st Choice _____

Arts Workshop: 2nd Choice _____

T-shirt size

Kids Sizes: Small Medium Large

Adult Sizes: S M L XL XXL XXXL

PARENT/GUARDIAN INFORMATION

I, _____, the undersigned or undersigned parent/guardian, hereby consents to myself and/or to my child, who is _____ years of age, participating in the activities connected with the Kids-A-Flame camp, an activity sponsored by Christian Retreat Family Church from June 14 – June 18, 2021. I certify that I am able or that my child is able to participate in these activities, including, but not limited to swimming, canoeing, sports challenge, extreme obstacle course, water slide, and ropes course. If I have or my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, an emergency contact can be reached at the telephone number listed below. If my emergency contact or parent/guardian cannot be reached within a reasonable period of time, I hereby authorize the adult sponsor, to make emergency medical decisions for myself or my child. If there are any activities I do not want to be involved in or that I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Christian Retreat / Gospel Crusade, Inc. and its agents and employees and volunteers, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury and/or illness to my child or property, even injury and/or illness resulting in death, including, but not limited to exposure to COVID-19, which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Parent/Guardian Signature _____

I give my permission for the use of video or pictures of my child taken during the services or activities at Kids-A-Flame for publicity purposes, including, but not limited to websites and social media. If you do not want your child photographed, please check the follow box and enclose a recent photo of your child.
 NO PHOTOS PLEASE

EMERGENCY/MEDICAL INFORMATION (PLEASE USE BACK SIDE OF FORM IF NEEDED)

Physical/Medical Limitations: _____

Medical Conditions: _____

List any medications which will accompany you/your child to camp: _____

List any allergies: _____

Date of last tetanus shot: _____

I do not wish my child to participate in the following: _____

Insurance Company: _____

Policy Number: _____

PLEASE NOTE: Registrants will not be accepted without all information completed.

PAYMENT FORM

MAKE CHECKS PAYABLE TO CHRISTIAN RETREAT

- _____ Number of Children
- _____ Number of Chaperones/Pastors
- _____ TOTAL NUMBER ATTENDING
- _____ TOTAL DEPOSIT (Total Number Attending x \$50)

(charged to credit card or by check)

****Deposit is non-refundable and non-transferable**

***** Balance to be paid in full by June 14th.**

Mail Check and Registration to:

Christian Retreat
c/o Kids-A-Flame
1200 Glory Way Blvd.
Bradenton, FL 34212

VISA MASTERCARD DISCOVER

Total Deposit (charged to my credit card)

Cardholder Name _____

Card # _____

Expires _____ CVV _____

Signature _____