

2008 REGISTRATION FORM



JULY 29TH - AUGUST 1ST

Name: _____
(Please print neatly - your nametag will be generated from this!)

Street Address: _____

City: _____ State: _____ Zip: _____

Sex: M or F Birth date: _____ Phone number: _____

Email address: _____

Church: _____ Youth Pastor: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Day phone: _____ Evening Phone: _____

Insurance Carrier: _____ Policy #: _____

Any known allergies/medical conditions: _____

PARENTAL CONSENT FORM:

I, _____, being the parent/guardian of _____ understand that while every precaution will be taken to ensure for the welfare and protection of my child, Revival Tabernacle Church, it's staff, members and volunteers or anyone acting on it's behalf, are hereby released from any and all liability in the event of an accident or misfortune, damage or loss that may occur to the students and their property. In the case of a medical emergency, I hereby give permission to the doctor chosen by war week staff to secure emergency treatment for my child. I understand that every effort will be made to contact me before instituting such procedures. I agree to pay all such doctor, ambulance and hospital fees incurred on behalf of my child. I have listed any health information about my child that the war week staff needs to know.

Signature: _____ Date: _____

Please turn in to your Youth Pastor with registration fee - all due by 7-20-08
Host church: Revival Tabernacle 16455 Woodward Highland Park, MI 48203
(313) 869-0140 (313) 869-8955 fax
www.revivaltab.org www.warweek.com