

RCamps Registration Form

Please circle the camp your child will attend. GRADE AS OF FALL 2010

6 & 7th Grade Camp
June 2-6, 2010

8 & 9th Grade Camp
June 9-13, 2010

10th - 2010 Graduate Camp
June 16-20, 2010

5th Grade Xtreme
July 14-16, 2010

2nd – 4th Grade Camp 1
July 19-21, 2010

2nd – 4th Grade Camp 2
July 22-24, 2010

2nd – 4th Grade Camp 3
July 26-28, 2010

Student Information

Date: _____

Last Name: _____ **First Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____ **Grade (Fall 2010)** _____ **Age:** _____

Birth Date: _____ **Gender:** M F **Email:** _____
(mm,dd,yy)

T-Shirt Size: Youth Small Youth Medium Youth Large Small Medium Large X-Large
**t-shirt sizes are not guaranteed*

Early Departure Policy: RCamps are closed camps. All students attending camp are expected to attend the entire camp. Early departure will be for emergency situations only. Only an authorized person listed on the registration form may remove a student early.

Authorized Person: _____

Housing Policy: Students will be bunking with their team.

Which Realife life group or 6.8 Team (grade & coach) do you attend? _____

If you do not attend a Realife life group or 6.8 Team, please name two friends you would like to bunk with.

1st Choice _____ **2nd Choice** _____

**We will try our best to place students with at least ONE friend listed.*

Student attends (please circle): James River Campus

Wilson's Creek Campus

Parents, we need your help: (Please check all that apply)

- I want to volunteer with Realife as a leader
- I want to volunteer with RKids to be a camp leader
- I want to help load / unload luggage for RKids camp
- I want to help another student be able to attend camp:
 ___ Full Scholarship ___ Half Scholarship
- I will commit to pray for RCamps

Payment Information:

- **Registration deadline and prices are on front cover**
- **Make checks payable to James River Assembly**
- **Complete registration includes payment and registration form.**
- **If applying for scholarship, scholarship application must be completed and turned in as well.**

Office Use Only

Date received: _____

check number _____

check amount _____

cash amount _____

credit card amount _____

scholarship application _____

scholarship approved _____

Please complete other side.

Activity Participation Agreement

Participant Information (Parent or Guardian please fill out completely as possible).

Participant Name: _____

Is sponsor (James River Assembly) authorized to approve medical treatment? yes _____ no _____

Swimming allowed (lake and pool): yes _____ no _____

Is participant covered by personal/family medical insurance? yes _____ no _____

If yes, name of insurer: _____

Policy or group number: _____

Please list routine medications: _____

Please list medications or foods participant is allergic to: _____

Please list physical or mental handicaps, limitations or restrictions: _____

All medications, prescriptions, and over-the-counter drugs must be brought in the original bottle to the camp nurse at check-in.

Parent Information

Please list all three contacts and number them in order of preferred contact.

Mom's Name: _____

Daytime Phone: _____

Cell: _____

Dad's Name: _____

Daytime Phone: _____

Cell: _____

Emergency Contact: _____

Daytime Phone: _____

Cell: _____

IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the event(s) or being permitted to enter for any purpose any area, general or restricted area (Defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited), each of the undersigned, for himself/herself, his/her personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he/she has or will immediately upon entering any of such area, restricted areas or otherwise will continuously thereafter, inspect the areas which he/she enters and he/she further agrees and warrants that, if at any time, he/she is in or about areas and he/she feels anything to be unsafe, he/she will immediately advise the ministry coordinator or designee of such and will leave the areas and/or refuse to participate further in the event(s).
2. Hereby releases, waives, discharges and covenants not to sue JRA, the promoters, participants, or any subdivision thereof, operators, owners, officials, contractors, sub contractors, agencies rescue personnel, any persons in any restricted area, advertisers, owners and leasees of premises used to conduct event(s), premises and event inspectors, surveyors, underwriters, consultants and others, who give recommendations, directions, or instructions or engage in risk evaluation, loss control activities or sales regarding the premises or event(s) and each of them, their directors, officers, agents and employees, all for the purposes herein referred to as "Releasees", from all liability to the undersigned, his personal representatives, assigns, heirs, and next to kin for any and all loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned arising out of or related to the event(s), whether caused by negligence of the releasees or otherwise.
3. Hereby agrees to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur arising out of or related to the event(s) whether caused by the negligence of the releasees or otherwise.
4. Hereby assumes full responsibility for any risk of bodily injury, death or property damage arising out of or related to the event(s) whether caused by negligent rescue operations or procedures of the releasees.
5. Hereby acknowledges the activities of the event(s) may be dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned also expressly acknowledges the injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees.
6. Hereby agrees that this Release & Waiver of Liability, Assumption of Risk & Indemnity Agreement extends to all acts of negligence by the Releasees, including negligent rescue operations and is intended to be as broad and inclusive as is permitted by the laws of the Proving or State in which the event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANCIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature: _____ Date: _____

(Parent / Guardian Signature Required)