**Camper Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male (\_\_) Female (\_\_)**

**Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_\_ Grade\_\_\_\_\_\_\_**

**Parent(s)/Guardian(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone (\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_**

**Cabin Mate Choice (Choose ONE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Agreement**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(please print)** the undersigned parent/guardian, submit this information in order that my child may attend this retreat at Fir Point Bible Conference. I have made myself aware of the nature and extent of activities and represent to you the participant will be physically and mentally able to participate. I agree that should it be necessary for my child to return home due to medical reasons or disciplinary action, I will hereby assume all transportation costs. I understand this is an interdenominational Christian event and will have a spiritual emphasis. I give permission for Fir Point to use any photo or video of my family in publications. I release my right to any kind of remuneration for said photos or videos. I, as parent/guardian, understand that every activity for youth does present a risk of injury or even death, rare as that may be, and I have advised the participant of those possibilities. I and the participant assume the risk and hold you, your agents, employees, and representatives harmless for any liability to any other person or entity arising as a result of the conduct of the participant in this activity. I also agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such conduct.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return completed and signed registration and medical form to Kenny by November 1st Send them to: 760 Fir Point Ln. Glendale, OR. 97442***

***Or scan and send as an email attachment to*** [***kennyg@infaith.org***](mailto:kennyg@infaith.org)

***Got Questions? Visit our website at www.firpoint.net***

***or call Kenny Gray at 503-442-9058***

***Thank You and God Bless!***