

BREAKOUT

YOUTH CAMP REGISTRATION FORM

WHEN : JULY 14TH-17TH

Wed. & Thurs. 8:30am-4:00pm / Fri. & Sat. 8:30am-9:00pm

WHERE : KING'S KAUAI (3366 WAAPA RD. NAWILIWILI)

Early Bird Special - \$75 (before July 04)

General Registration - \$85 (after July 04)

Day of Camp Registration - \$100

***family discount - \$10 off
each additional youth**

cost

grades completed 6th-12th

Parent's Name _____ Youth's Name _____ circle (boy / girl)

Home Address _____

Phone Number _____

Youth's Birthday _____ Youth's Grade Completed _____

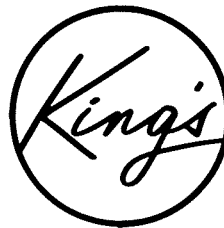
I, _____ give consent for my child, _____ to register and attend the Breakout King's Youth Camp. I understand my child is expected to abide by the rules and regulations of the Youth Camp and is expected to abide under the leadership King's is providing for the camp

For office use only :

cash: _____ check: _____ scholarship recipient: _____

LIABILITY RELEASE FORM

(Release of All Claims)



**CATHEDRAL
& CHAPELS**

Participant: _____

In consideration for being accepted by King's Cathedral & Chapels Inc./Kaahumanu Hou Schools and related ministries for participation in

Breakout Youth Camp : July 14-17th

(Trip or Activity, including date and time-inclusive)

I do hereby release, forever discharge and agree to hold harmless King's Cathedral & Chapels Inc./Kaahumanu Hou Schools, and its officers, directors, employees, independent contractors, agents, representatives (including volunteers), and any other person directly or indirectly involved with its operation and business from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above described trip or activity including recreation and work activities.

The undersigned further consents to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents (including volunteers), from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

King's Cathedral & Chapels Inc./Kaahumanu Hou Schools of Maui will provide secondary accident insurance only. Parent/legal guardians are responsible to provide their own primary health care coverage.

Answer the following with respect to the participant:

Physician: _____ Telephone: _____

Health Insurance Carrier: _____ Policy Number: _____

Allergies (including reactions to medication): _____

Medication being taken: _____ Date of Last Tetanus Shot: _____

Other health information necessary: _____

Participant's Name: _____ Address: _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, COMPLETE THE FOLLOWING:

Father/Legal Guardian: _____ Phone: _____ H _____ W
_____ CEL

Mother/Legal Guardian: _____ Phone: _____ H _____ W

If parents/legal guardian cannot be reached, contact the person(s) listed below: _____ CEL

Alternate: _____ Phone: _____

Alternate: _____ Phone: _____

Signature of Participant OR Parent/Legal Guardian if Participant is under 18 years of age

Witness to Signature