

Registration Form- Please Print Clearly

Please Submit to

Gloria Edgecombe (Cascade) or Andrew Scott (Parkcrest)

Personal Information

Name (s):

Address:

Phone:

Emergency Information

Name

Phone

BC Health Number (s)

Allergies (if any) _____

Other: ___I am able to give a ride to ___persons

___I will need a ride for ___persons

Waiver: While every precaution will be taken to ensure the welfare and protection of the aforementioned camper, Cascade Gospel Chapel and Parkcrest Bible Chapel and Daybreak Point Bible Camp society are hereby released from any and all liability in the event of any accident or misfortune that may occur to the camper, or for any lost personal property.

Signed: _____

(Must be signed by parent/guardian if camper is under 19 years of age) Date: _____