

# SHENANDOAH WESLEYAN YOUTH CAMP '09

July 6 - July 10, 2009  
Victory Mountain Camp, NC

## REGISTRATION FORM

Name		<input type="checkbox"/> Male	or	<input type="checkbox"/> Female
Street Address	City	State	Zip	
Home Phone	Adult Shirt Size	<input type="checkbox"/> Student	or	<input type="checkbox"/> Sponsor
Church	Date of Birth	Graduation Year		
E-Mail Address	Date of Last Tetanus Shot			
Known Allergies	Known Medical Conditions			
Insurance Company	Policy Number			
Name(s) of Parent/Guardian				
Daytime Phone	Evening Phone			

In consideration for the services provided to my son/daughter at the Shenandoah Wesleyan Youth Camp, I declare the following:

I hereby give my permission for my son/daughter to attend the Shenandoah Wesleyan Youth Camp and to participate in its activities both on campus and off. I also give permission for camp personnel to sign on my behalf any general release forms, consent forms, or permission slips for activities that require such. Activities of the camp may include, but are not limited to recreational games, one-day field trips, water sports, hiking and service projects. I am aware that I may contact the camp director prior to camp for further information. Furthermore, I authorize my child to receive medical attention from qualified medical personnel, both on campus and off, should such action be necessary in the opinion of camp officials. It is my understanding that the camp will make every attempt to contact me should emergency medical attention be required. I agree to accept full financial responsibility for all services provided.

I do hereby waive and release all claims, demands, and causes of action I have or may acquire as a result of the attendance or participation of my child at the Camp, and I further agree to indemnify, hold harmless and defend the Camp, the local directors of these entities from any and all liability with regards to any injury, damage or loss of property I or my child may sustain as a result of attendance at or participation in the Camp.

Signature of Parent/Guardian	Date
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Complete and mail to:  
**Mike & Dana Laffoon**  
**1606 Read Mountain Rd.**  
**Roanoke, VA 24019**

***Make checks payable to Shenandoah Wesleyan Youth Camp.***

**Note:** Cost:\$195. **Registration form & medical release form along with a \$100 deposit must be postmarked by June 15th.** Anyone wanting to register after June 15th will need to email Dana at [mdlaffoon@gmail.com](mailto:mdlaffoon@gmail.com) to inform the district of their late registration (be prepared to pay the full payment plus \$15 late fee at camp upon arrival). Please do not mail any checks or registration forms after June 15th. There is a \$30 fee on all returned checks. This deposit is non-refundable, and can only be applied to a new camper who takes their place. Balance to be paid at arrival to camp.  
**Make checks payable to Shenandoah Wesleyan Youth Camp.**