



Iglesias Bautista Hispano-Americana del Norte de California

Youth Camp 2016- June 10, 11, and 12

Daybreak Christian Camp

6676 Rose Acres Lane Felton, Ca 95081

Male Female

(Circle one)

Name/Nombre: _____

Address/Dirección: _____

Telephone #: _____

E-mail: _____

Local Church/Iglesia: _____

Camp Cost/Costo: \$115* (per person), After **May 22 cost is \$120;**
después del 22 de Mayo costo será de \$120

Includes lodging, 2 nights and 5 meals/ *Incluye alojamiento, (2 noches) y 5 comidas*

- **Reservation payment is Non-Refundable/Reservación **NO** es reembolsable**
- The cost to reserve a cabin is/ *Reservación: \$50* (Non-Refundable)
- **In case you can't attend, registration CAN be transferred to another person.**
Si por algún motivo no puede asistir, su registraci3n puede ser transferida a otra persona.

Send registration form and check payable to: (keep a copy for your records)

Mande forma de registro con un cheque a:

Iglesia Bautistas Hispano-Americanas del Norte de California

Send to/Mandar a:

Cris Sánchez

P.O. Box 40824 San Francisco, CA 94140

For more information contact:

Elías Soto: 415-283-8490 or Fernando Pedroza: 650-960-6312

OFFICE USE ONLY

Received: _____

Paid: _____

Check #: _____

Balance due: _____



PERMISSION TO ASSIST THE 2016 YOUTH CAMP

I _____ give permission for my son/daughter to
(Parents/guardian name)
participate in the 2016 Youth Camp.

I understand that an adequate and appropriate supervision will be administered. I recognize that non-anticipated situations and problems may occur, and may not be controllable to the leaders of the camp or helpers. I agree to free *Iglesia Bautistas Hispano-Americana del Norte de California*, their leaders, and helpers of **all** responsibility, suits, costs, and expenses that may come up by certain activities, including any accident or damage to the youth and medical costs. In case of an emergency, that requires medical attention I _____ (Initials) give permission to the leaders of the camp to care for my son/daughter.

If the damage requires great attention, I expect to be contacted as soon as possible, before any decision is made. If for any reason I can't be contacted, I give permission so that any medical attention needed can be administered. Also, I _____ (Initials) give permission to the leaders to take my son/daughter to the doctor, dentist or hospital, if an accident or serious damage should occur in the camp and we can't be contacted. In the event that my son/daughter needs to return home for health reasons or for not following the established camp rules, we agree to accept full responsibility and pay any cost of medical attention, transportation, or any other necessary costs. _____ (Initials)

Parent/Guardian Signature

Date



Please Fill Out

Parents/ Guardian's name: _____

Telephone number: _____

Emergency Contact: _____

Telephone Number: _____

Doctor/Insurance: _____

Policy Number: _____ Telephone Number: _____

Critical Medical Condition/ Allergies/Condition: _____

I recognize that I have carefully read this document and understand the information. I agree with the terms mentioned and agree with my son/daughters participation in this event.

Date

Signature