

InVerted Summer Camp '10 Sign-Up Form



I, the undersigned parent or guardian of _____, a minor, hereby grant permission for my son/daughter to participate in **Summer Camp at Rock N Water Christian Camp June 21-25. Cost \$525, includes transportation by Motorcoach. t-shirt, DVD, and an awesome experience!**

I/We hereby waive all claims that I/We might have against The Church at Rancho Bernardo, its officers, agents, employees, and any parties volunteering on behalf of The Church at Rancho Bernardo, for injury, accident, or illness occurring during, or by reason of any activity. I/We further agree to indemnify and hold harmless The Church at Rancho Bernardo, its officers, agents, volunteers, and employees against claim liabilities, penalties or loss resulting from or as consequence of said activity.

In the event I cannot be reached during a medical emergency, I do hereby authorize any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care rendered under the supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

Further, as parent or guardian of the above-named minor, I do hereby consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to be financially responsible for any such treatment and to hold blameless any physician, hospital or other medical center for rendering such services. Refunds available if we can replace your spot.

Insurance Company or Group: _____

Policy Number: _____

Insurance Under Name of: _____

Telephone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Parent or Guardian _____ Date _____

Cost: \$525 (Credit Card or Check # _____)

Credit Card Type: _____

Credit Card Number: _____ Exp Date: _____

CCV Code: (3 Digit) _____

Name on Card: _____

Billing Address If Different: _____

Signature: _____ Date: _____

(Require minimum \$250 deposit to secure a spot)