



ASSEMBLIES
OF THE LORD
JESUS CHRIST



ALJC ALABAMA YOUTH CAMP 2024

CAMP TUSCOBA DR NORTHPORT, AL 35473

Camper Registration Form and Waiver

Camper's Name:

Parent/Guardian:

Address:

City: _____ State: _____

Zip: _____

Phone 1:(____) _____ Phone 2: (____) _____

Email:

Home Church: _____ Pastor: _____

Nickname: _____ Age : _____

Sex: _____

Does your child have any medical conditions, learning difficulties, special needs, or limitations that we need to be aware of?

List all medications, allergies, and special needs

Medical Release

As the parent/guardian of the below-named child, I request through this medical release form that the named child be admitted into any hospital or medical facility for diagnosis and treatment. I authorize all licensed physicians, dentists, and staff to perform any diagnostic, treatment, X-ray, and operative procedures for the named child. I have not been given a guarantee of any results of any examinations or treatments.

Emergency Contact: _____

Phone:(____)_____ Relationship to Child: _____

Physician's Name _____ Phone(____)_____

Parent/Guardian Signature: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

I hereby assume all of the risks of participating in any/all activities associated with this event(s), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity,

THE FOLLOWING ENTITIES OR PERSONS: Camp Tuscoba staff, The Alabama District volunteers, representatives, and the activity holders.

(B) INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Camp Tuscoba staff, The Alabama District volunteers, and representatives, are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that the risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, Camp Tuscoba. Participants, and volunteers. These risks are not only inherent to participants but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow the Alabama District to use my photo, video, or film likeness for any legitimate purpose for advertising next year's camp. The Accident

Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I Certify That I Have Read This Document And I Fully Understand Its Content. I Am Aware That This Is A Release Of Liability And A Contract And I Sign It Of My Own Free Will.

Participant's Name

Age

Participant's or Guardian's Signature

Date

Remittance:

\$100 for the first child registration. \$50 for each child after the first.
There is a nonrefundable \$25 that is included in the initial registration.

Parent/Guardian Name	
District Supt	George R. Allen
Youth President	TC Barnett
Date	
Number of Children	
Amount to Pay	
Payment Method	Check: <input type="checkbox"/> \$ _____ Cash: <input type="checkbox"/> \$ _____ Money Order: <input type="checkbox"/> \$ _____