

ALBANY BIBLE CHURCH
Youth Camp (Ages 6-12)
REGISTRATION FORM

June 8-11, 2026

Monday - Wednesday 9:00-12:30 / Thursday 9:00-1:30
(Lunch is included on Thursday)

****THERE WILL BE WATER ACTIVITIES - PLEASE BRING
A BATHING SUIT, TOWEL AND SUNSCREEN****

Name: _____ Gender: M F Age _____

Birthdate: ____/____/____ School: _____

Address: _____

Parent Email: _____

Home phone: _____ Work / Day phone: _____

Parent's cell: _____ Can your child swim? _____

List all medications your child is currently taking: _____

List any known allergies: _____

List special medical needs: _____

Primary emergency contact name and number: _____

The undersigned represents to Albany Bible Church (herein referred to as ABC) that he/she is the legal guardian and natural parent or the legal guardian of the above named child, and the undersigned does hereby consent to such minor taking part in the Albany Bible Church Camp with full understanding that insofar as such activity will involve but not be limited to eating food prepared by camp staff or local restaurants, swimming, camp sports, water slides, that there is always a risk of injury, illness, loss, death, and possible consequent expenses for the medical, diagnostic, and curative treatments, and incidental loss and expense, and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such expense and does hereby wholly release ABC and any representative from any responsibility or liability and waives any claims or causes of action against it or its agents that might rise on account of loss, injury, death, or expense occasioned by any sort of accident or any other circumstances involving such child, and agrees to hold harmless in the event any such claim should arise, and the undersigned agrees to abide by the rules and regulations, supervision and discipline set applied by ABC and its agents and does hereby authorize ABC or its representative or other agents to arrange for any needed medical treatment or x-rays, and hold harmless ABC from any such expense. The undersigned will reimburse ABC fully or furnish payment or insurance for any such payment, at his or her own expense. The undersigned also agrees to pay in full any property damage caused by his/her own child. Permission is also given to the camp nurse or doctor to administer over the counter medication to the above named child as needed. The undersigned also gives permission to ABC to use any image, video or written material that the above named child is in or wrote. Image and videos will be used for the sole purpose of promoting the camp and not for financial gain.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____