

Family Fun Night Registration

FAMILY FUN NIGHT—Teen Registration
Registrations DUE: No later than June 1st

Clothing Information: T-shirt size—adult ___Sm ___Med ___L ___XL

Name: _____ Phone Number: _____

Parent's Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Grade (Just Completed) _____

Health Information:

Emergency Contact: _____

Relationship to Volunteer: _____

Phone: (_____) _____ Cell: (_____) _____

Any food allergies or special conditions? _____

Medications to be administered _____

I hereby give my permission to Riverside Bible Camp to provide routine, non-surgical medical care, and to secure emergency medical treatment for the attendee named above for the duration of their time at Riverside, if necessary.

Parent/Guardian Signature (required) _____

Parent/Guardian Printed Name: _____

Commitment:

I understand that by registering to volunteer for FAMILY FUN NIGHT, I am committing to be at Family Fun Night on Friday, June 16th from 4:00-9:30pm. If there is an emergency, and I am unable to be at Family Fun Night during the time listed above, I will notify the directors immediately so that they will have adequate time to find someone to cover my position.

The game I would like to serve at, if possible _____

I understand that by registering for FAMILY FUN NIGHT, I am agreeing to share myself totally with children and staff for a concentrated period of time and that it will take an abundance of patience, understanding, energy and especially love. I am committing myself to being a good Christian example, obeying the rules, being prompt, being a positive example to others, and being willing to do whatever is asked.

Student Signature _____ Date _____

Student Signature _____ Date _____

____ I have a red staff t-shirt to wear for Day Camp and Family Fun Night OR

____ I have included \$5 to cover the cost of my t-shirt for Family Fun Night