

YOUTH REGISTRATION FORM
Youth Ministries Workshop @ Happy Valley
Friday, April 22nd – Sunday, April 24th

Camper Name: _____ Birthdate: _____ Grade Completed: _____ Male / Female
Address: _____ City/State/Zip: _____
Email: _____ Phone: _____
Name of Parent(s)/Custodial Parent/Legal Guardian: _____
Email: _____ Phone: _____
Additional Parent: _____ Phone: _____
Person(s) authorized to pick up your child from camp: _____

Do you have any dietary needs (Circle): Diabetic Vegetarian Vegan Gluten Free
Allergies/other dietary needs: _____
Housing/other needs (Circle): Cabin Lodge Disability Accessible Room Electric Scooter
I can sleep on top bunk: Yes / No Roommate preference: _____

FEES: \$0 ***The full fee of \$125 is being covered by the youth ministry budget, but donations are welcome!***

Please bill my congregation for campership funds in the amount of \$ _____
Congregation _____ Authorized by _____
Mission Center Funds \$ _____ Authorized by _____

Mail Registration Form and Payment to:

Sierra Pacific Mission Center
14850 Hwy 4, STE A, #253
Discovery Bay, CA 94505

OR

E-mail registration form to: **amberhernandez24@hotmail.com**

Payment Options: (check 1 below)

_____ Pay by Check: Payable to "Community of Christ"

OR

_____ Pay by Credit Card

Card Type: (circle one) Visa MasterCard American Express Other: _____

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____

CVV Security Code: _____ Zip Code of the Billing Address for the Card: _____

Signed: _____

OR

_____ Pay on Arrival

Permission for Medical Treatment: I hereby authorize any necessary medical treatment in an emergency, when emergency contact cannot be reached. I also guarantee payment of all charges incurred during this medical treatment, as Community of Christ insurance is secondary (physician, hospital, x-ray, lab, medicines, ambulance, other).

Signed: _____ Date: _____

Privacy Policy: We respect your privacy. We protect your personal information and adhere to all requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up-to-date on activities including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts. If at any time you wish your name to be removed, simply contact SPMC office at 209-944-9296, and we will accommodate your request. We ask your permission to use pictures or videos in which you appear in promotional and informational materials.

Photo Release: I hereby give consent to and authorize the taking of photographs or videotapes in which I appear to be used in ways that are consistent with the above stated privacy policy:

Signed: _____ Date: _____