

**2009 Winter Festival
YMCA Camp Pepin
February 27-March 1st**

Cost Campers: \$120 Cost Counselors: \$65

Name _____

Phone Number (_____) _____

Address _____

City _____ State _____ Zip Code _____

Sex: M F Grade _____ Birthdate ____/____/____

Parent/Guardian Names _____

I am attending with this Church/Group _____

**** IN CASE OF EMERGENCY**** I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Youth Forum the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Youth Forum. I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Youth Forum from liability in acting on my behalf in this regard so long as Youth Forum is not grossly negligent.

****PROMOTIONAL MATERIAL RELEASE**** I give Youth Forum MN permission to use photography and video taken at the Winter Festival to be used in promotional material.

Signature of Parent or Guardian _____

Parent's e-mail _____

Daytime Phone Number _____

In case parents are unreachable, please contact:

Name _____

Address _____

Phone _____

Additional comments regarding medical history, allergies, penicillin or drug reactions that may be needed in treatment: _____

Parent or Guardian's Health Insurance Company

Name & Address: _____

Policy Number: _____

**2009 Winter Festival
YMCA Camp Pepin
February 27-March 1st**

Cost Campers: \$120 Cost Counselors: \$65

Name _____

Phone Number (_____) _____

Address _____

City _____ State _____ Zip Code _____

Sex: M F Grade _____ Birthdate ____/____/____

Parent/Guardian Names _____

I am attending with this Church/Group _____

**** IN CASE OF EMERGENCY**** I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Youth Forum the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Youth Forum. I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Youth Forum from liability in acting on my behalf in this regard so long as Youth Forum is not grossly negligent.

****PROMOTIONAL MATERIAL RELEASE**** I give Youth Forum MN permission to use photography and video taken at the Winter Festival to be used in promotional material.

Signature of Parent or Guardian _____

Parent's e-mail _____

Daytime Phone Number _____

In case parents are unreachable, please contact:

Name _____

Address _____

Phone _____

Additional comments regarding medical history, allergies, penicillin or drug reactions that may be needed in treatment: _____

Parent or Guardian's Health Insurance Company

Name & Address: _____

Policy Number: _____