



# 2009 Camp Registration & Parent/Guardian Form

(One per person)



Youth Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Grade (for 09-10 year) \_\_\_\_\_ Church Home \_\_\_\_\_

Youth Email \_\_\_\_\_ School \_\_\_\_\_

Current Medical/Behavioral Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ agree to represent myself in a positive and respectful manner when participating in all VIBE sponsored activities and programs. I will listen and follow the directions of all adult leaders and sponsors who are participating to support me. If I choose not to follow the rules or guidelines I am choosing not to participate in VIBE activities and may be sent home at my parent/guardians expense.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to participate in all activities and programs sponsored by VIBE Urban Youth Ministry and if their photo is taken at a VIBE event it can be posted on the website and used in VIBE publications.

I understand that all measures will be taken to contact me in the event of a medical emergency involving my son or daughter. If I cannot be reached, I give the VIBE Staff authority to make decisions in the best interest of my son or daughter.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send your registration form to **VIBE, 100 N. Oxford St., St. Paul, MN 55104**  
 If you have any questions please contact: **Justin Dittrich at**  
**[Justin@vibeyouth.org](mailto:Justin@vibeyouth.org) or 651-224-3371 x17 or 612-868-7924**