



Adult Registration Form

Please complete this form and return it to your Church/Group Leader

Adult Sponsor Info:

Adult's Name _____ Birth Date _____

Home Address _____

Home Phone _____ Cell Phone # _____

T-shirt Size: S M L XL XXL XXXL

Church with whom you are attending _____

Name of Church Group Leader _____

Have you ever been convicted of a felony? **Yes / No** (If Yes, please explain on back)

Medical Information & Liability Release: **(Please attach a copy [front & back] of your insurance card)**

Insurance Company _____ Policy/Group # _____

Name of Policy Holder _____

Emergency Contact #1: Name _____ Phone # _____

Emergency Contact #2: Name _____ Phone # _____

Family Physician Name _____ Phone # _____

Please list any allergies:

Insect and/or Food _____

Medications _____

List any medications currently being taken: _____

Additional Medical Information/Conditions listed on the reverse of this page.

My permission is granted for any **FusionCamp** (and/or a supporting church) leader/volunteer to obtain medical attention in case of sickness or injury should I be unable to give consent. I give my permission to an adult sponsor/representative of **FusionCamp** (and/or a supporting church) to secure the services of a licensed physician to provide care necessary, including anesthesia, for my well-being. I, the undersigned, do hereby release, remise and forever discharge all sponsors and **FusionCamp** (and/or a supporting church) from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in this event.

I have read and understand the camp rules/policies (www.fusioncampva.org). I will abide by and assist in enforcing these rules.

Adult Sponsor Signature _____ Date _____

The person above is known to me. To my knowledge, this person has not been convicted of any crimes committed against minors. I assume full responsibility for this person serving as a **FusionCamp** Adult Sponsor for our church.

Pastor/Staff Member Signature _____ Date _____