

2010 Shenandoah Valley Adventure Registration Form

INSTRUCTIONS:

1. This form has been designed to be completed on your computer. However, you can print it out and complete it by hand, too.
2. Make sure you have all necessary signatures.
3. Mail the completed registration, along with a minimum deposit of \$50, to:

Eagle's Nest Ministries, Inc.
P.O. Box 125
Kingsville, MD 21087

Part 1 - To be completed by participant.

Last Name: <input style="width: 95%;" type="text"/>	First Name: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address: <input style="width: 95%;" type="text"/>		Age: <input style="width: 50%;" type="text"/>
City: <input style="width: 95%;" type="text"/>	State: <input style="width: 95%;" type="text"/>	Zip: <input style="width: 95%;" type="text"/>
Home Phone: <input style="width: 95%;" type="text"/>	Second Phone: <input style="width: 95%;" type="text"/>	
Email: <input style="width: 95%;" type="text"/>		
Registrant Signature: <input style="width: 95%;" type="text"/>		Date: <input style="width: 50%;" type="text"/>

Part 2 - To be completed by participant's parent or legal guardian (if under 18).

“By signing this statement, I give the above named registrant permission to participate in the 2010 Shenandoah Valley Adventure, May 20-23.

“I understand that activities such as those planned carry with them some inherent risks, however small and unlikely they may be. I will not, however, in any way hold liable Eagle’s Nest Ministries, its property, staff, or representatives, for any injuries sustained by above registrant as a result of his/her participation in those activities. If medical attention is required, all costs will be covered by myself or our insurance provider.

Signature <input style="width: 95%;" type="text"/>	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	Date: <input style="width: 95%;" type="text"/>
Emergency Contact Name(s) And Phone Number(s): <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Part 3 - Medical Information

ALLERGIES: <input type="checkbox"/> Poison Ivy <input type="checkbox"/> Bee Sting <input type="checkbox"/> Asthma Other: <input style="width: 20%;" type="text"/> <input type="checkbox"/> Hay Fever <input type="checkbox"/> (never stung) <input type="checkbox"/> (have inhaler)	<input style="width: 95%;" type="text"/>
MEDICATION(S): <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
DIETARY RESTRICTIONS: <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
ACTIVITY RESTRICTIONS: <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>