

**“GET R.E.A.L.”**

*Redeemed, Encouraged,  
Authentic, Legacy*

# **ELEVATION 2015**

**Feb 12 – Thursday Night Rally**

**Feb 13-15 – Weekend Event**

## **REGISTRATION PAYMENT INFORMATION**

Early Bird//\$70//on or before January 11

Regular Registration//\$90//by February 1

Late Registration//\$95//by February 8

**No late registrations will be  
accepted after February 8**



**“GET REAL”  
ELEVATION 2015  
February 12-15, 2015**

Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

Parents Home Phone: \_\_\_\_\_ Parent’s Cell Phone: \_\_\_\_\_

Parent’s Email: \_\_\_\_\_

Student’s Cell Phone: \_\_\_\_\_ Student’s Email: \_\_\_\_\_

School Attending \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size (Adult Sizes Only) S M L XL XXL

I would like to stay in the same home with:

1. \_\_\_\_\_

2. \_\_\_\_\_

(we try our best to get you into the same house with at least one of your choices!)

Do you have any special diet considerations? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, Please Explain:

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PARTICIPANT'S NAME - PLEASE PRINT: \_\_\_\_\_

WAIVER AND RELEASE OF LIABILITY  
Mount Ararat Baptist Church  
AND MEDICAL/HEALTH INSURANCE RELEASE

A permission slip must be submitted for any individual participating in a church activity, trip, or event that takes place away from the church.

NAME OF EVENT/PROJECT: ELEVATION WEEKEND 2015

DATE(S) OF EVENT/PROJECT: February 12-15, 2015

I understand that I /my child may be video taped or photographed for promotional purposes.

Emergency Contact(s): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone(s): \_\_\_\_\_ (Father) (Mother)

Secondary contact to notify in event of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Their phone: \_\_\_\_\_

**Please supply ALL of the following information.**

Name of Health Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_

Insurance ID Number \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc): \_\_\_\_\_

List ALL medication taken on a regular basis and/or any brought with you to Camp (Prescription meds MUST have a pharmacy label and name of doctor): \_\_\_\_\_

List all operations/serious injuries and dates within the past five (5) years: \_\_\_\_\_

The Health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

**Emergency Authorization** – I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Mount Ararat has permission to administer:

\_\_\_\_\_ Ibuprofen \_\_\_\_\_ Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_ Neosporin/Triple Antibiotic Ointment

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_