

Camp Machasay Registration Form

Step 1.) Fill out this form electronically, save this file to your computer and email form as an attachment to challenge@chase3000.com **OR** print this form, fill in by hand and mail to PO Box 11 Holyoke CO 80734.

Step 2.) Send in \$25 deposit by credit card online at <http://www.yci.cc/Camp%20Machasay.htm> and click on the Pay Now button **OR** send deposit with a personal check to Youth Challenge PO Box 11 Holyoke CO 80734

[Click here to pay deposit online](#)

Note: Registration form and deposit required to reserve participant's spot. Full payment due at check-in. One child per form.

PARTICIPANT INFORMATION

Last Name		First Name		
Address		City	State	Zip
Parent(s) Email		Home Phone		
		Parent(s) Cell phone		
Grade Entering		Gender		
		Birthdate:	Month	Day
Father/Mother/Guardian(s) Name:			Year	

CAMP CHOICE

Roommate Preference

Friend Who Referred You to Camp

MEDICAL INFORMATION

(Please staple to this form or bring to camp a copy of the medical insurance card (both front and back).)

Please list any allergies (food, drug, environment):			
Please list any medications participant is taking:			
Please list any current/past medical conditions:			
Has a basic childhood series of 3 tetanus shots been given?			
Date of last tetanus inoculation:	Month	Day	Year

WAIVER AND RELEASE OF LIABILITY

In consideration of Youth Challenge, Inc. not-for-profit corporation, organizing, arranging and permitting my child to attend and participate in the event, I hereby waive all rights which I may now have or which may accrue in the future against Youth Challenge, Inc., its respective directors, officers, employees and members (collectively the "Youth Challenge, Inc. Representatives"), and I hereby release and discharge Youth Challenge, Inc. and the Youth Challenge, Inc. Representatives from, and agree to indemnify and hold Youth Challenge, Inc. and the Youth Challenge, Inc. Representatives harmless from and against all liability for any actions, damages, causes of action, suits, costs, losses, expenses, claims, demands, damages, and judgements (collectively the "Losses and Claims"), which I, my spouse, family members, children, invitees, heirs, executors, administrators, successors and assignees ever had, now have or hereafter can, shall or may have resulting from or arising in connection with my child's travel to, attendance at or participation in Youth Challenge, Inc. events.

I acknowledge that certain legal rights against Youth Challenge, Inc. or the Youth Challenge, Inc. Representatives may be available to me now or in the future as a result of any Losses and Claims, and that by executing this waiver and release of liability, my spouse and I are forever relinquishing those rights against Youth Challenge, Inc. and the Youth Challenge, Inc. Representatives. I acknowledge that no promises, representations, or affirmations of fact were made to me by Youth Challenge, Inc. or the Youth Challenge, Inc. Representatives concerning the safety of the event, the security precautions taken in sponsoring the event, the relative safety or danger associated with traveling to the event or participating in any activity, academy, event or outing related to, associated with or connected in any way to the event and affirm that I have read and understand the forgoing provisions of this waiver and release of liability and accept the terms of this waiver and release of liability as a condition to my child's attendance of the event.

AUTHORIZATION AND CONSENT

I, the legal guardian of the participant mentioned above, have read the above Waiver and Release of Liability. By clicking YES, or with my signature, in the box below I agree to the above Waiver and Release of Liability and understand that my signature or statement below binds me to this waiver.

Signature:

Month	Day	Year	

Date:

Deposit?