



Event Registration

Please fill out and mail to: Glad Tidings Bible Camp 89238 544th Ave., Bloomfield, NE 68718

Event: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Date of Birth: _____

If 18 or younger, Parent(s) Full Name(s), Address, City, State, Postal/Zip Code:

1st Emergency Contact Full Name: _____

Relationship: _____ Phone #: _____

2nd Emergency Contact Full Name: _____

Relationship: _____ Phone #: _____

Important Medical Information (Allergies, Asthma, Diabetes, etc.): _____

Medical Insurance Company: _____ Insurance Policy #: _____

Pick-up Authorization – If registrant is 18 or younger, please list everyone, including registrant, who is authorized to pick up the registrant:

Photo Authorization – Glad Tidings Bible Camp is authorized to use anonymous, modest, & appropriate photos of the registrant for camp publicity

Yes No

Event & Medical Care Authorization – Registrant is authorized to attend the event hosted by Glad Tidings Bible Camp. In addition, Glad Tidings Bible Camp; its agents and employees are authorized to give such emergency medical care as they may deem necessary for the registrant's well-being, and are authorized to transport the registrant as needed to a physician, hospital, and/or health care professional that they select, and will be held harmless in event of such emergency. In addition, Glad Tidings Bible Camp, its agents and employees are authorized to transport the registrant to such places that are camp related.

Signature (if 18 or younger, Parents' Signature:

Date: _____