



LOCATION: 424 East Wesley Circle, Denton, MD 21629

COST: Early Bird – \$275; After March 1st – \$300
After June 1st – \$350; Walk-Up – \$375

DATE: Middle School – July 10th-15th; High School – July 17th-22nd

REGISTRATION

MAIL REGISTRATION AND PAYMENT TO:

Ignite Camp Registrar, 31411 Hitch Pond Road, Laurel, DE 19956

*Checks payable to: Chesapeake Wesleyan Youth

Name:

EMAIL ADDRESS:

DOB: **GENDER:** M F

GRADE ENTERING FALL 2017:

ADDRESS:

HOME CHURCH:

YOUTH PASTOR:

CITY:

ATTENDING MIDDLE SCHOOL WEEK
ATTENDING HIGH SCHOOL WEEK

[THOSE ENTERING 9TH GRADE MAY ATTEND BOTH]

STATE: **ZIP:**

ROOMMATE PREFERENCE 1:

TEEN'S PHONE:

ROOMMATE PREFERENCE 2:

GUARDIAN'S PHONE:

T-SHIRT SIZE:
[SHIRTS ARE FREE FOR ALL CAMPER!]

GUARDIAN'S ALT PHONE:

XS **S** **M** **L**
XL **XXL** **XXXL**

EMERGENCY CONTACT'S NAME:

RELATION:

PRIMARY PHONE:

SECONDARY PHONE:

I, _____ parent/guardian of _____, hereby certify that all of the information contained in this registration form is correct. I expressly waive any and all claims against the Chesapeake District of the Wesleyan Church, or any of its District Boards, or its representatives due to any injury or other damage that may be incurred by my minor child/ward or said registrant's property in connection with, or incident to, the Chesapeake District of the Wesleyan Church IGNITE Youth Camp program. If I cannot be reached and the District authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this participant. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician. By signing below I give my permission for my child/ward to participate in all camp activities and understand that he/she may be sent home if found in violation of any camp rules, and I further agree to have them picked up immediately.

PARENT / GUARDIAN'S SIGNATURE:

DATE: