



REGISTRATION

CCK: Youth Camp fee: **\$375.00**

Due on or before: **July 3, 2011**

* Proof of medical insurance must be attached to registration packet (copy front and back of card)

DATE _____

YOUTH NAME _____

ADDRESS _____

PHONE _____

CELL PHONE _____

EMAIL _____

GRADE _____

MALE FEMALE

AGE SHIRT SIZE (CIRCLE ONE): S M L XL XXL

PARENT'S NAME _____

ADDRESS _____

CELL PHONE _____

EMAIL _____

For more info: **305.233.5433**

eMail: **uth@calvarykendall.com**

Calvary Chapel Kendall | 16435 SW 117 Ave. | Miami, FL 33177



POWER OF ATTORNEY :: Calvary Chapel Kendall

TO ALL PERSONS, be it known that I, _____, individually, of _____, Miami, Florida, _____ (address), (_____) _____ (contact phone), as GRANTORS, do hereby make and grant specific powers of attorney to JOSE CASAS and BELKIS CASAS of 16435 S.W. 117 Avenue, Miami, Florida 33177 and appoint and constitute said individuals as our attorneys-in-fact.

Our named attorneys-in-fact, shall have full power and authority to act for all purposes and in all circumstances on our behalf and in our stead as if they were the parents or legal guardians of our minor child, _____, date of birth _____.

Our named attorneys-in-fact shall have full power and authority to take our minor child, _____, in the State of Florida and abroad. The authority granted shall include such incidental acts as are reasonably required or which are as a result of and arising from any incident which might take place from ____JULY 24, 2011____ through ____JULY 30, 2011____ (dates of camp) or such act that is deemed necessary to carry out the specific authorities and duties stated or contemplated herein.

Our attorneys-in-fact agree to accept this appointment subject to its terms, and agree to act and perform in said fiduciary capacity consistent with our best interest as our attorneys-in-fact deemed advisable, and WE thereupon ratify all acts so carried out.

Signed under seal this _____ day of _____, _____2011_____.

Print Parent's Name

Parent's Signature

Jose Casas, Youth Pastor - Calvary Chapel Kendall

Belkis Casas

STATE OF FLORIDA)
)SS:
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this _____ day of _____, _____2011_____, by _____ who is personally known to me or Produced Identification (*type and number of identification provided*) _____ and who executed the foregoing instrument and acknowledges that they executed the same at their free act and deed.

Notary Public State of Florida

My Commission Expires:

Print Notary Public Name



RELEASE OF ALL LIABILITY :: Calvary Chapel Kendall

WE, _____, parents of _____, (hereinafter referred to as "_____") hereby release, indemnify, defend and hold harmless CALVARY CHAPEL KENDALL, its agents and designees (hereinafter referred to as "Releasees") from any and all liability now accrued or hereafter to accrue of any and all claims, loss, costs, penalties, fines, damages, claims, expenses (including attorney's fees) or liabilities by reason of any injury to or death of any person or damage to or destruction or loss of any property or causes of action in tort or in contract arising from common law or federal or state statute, of whatever kind or nature, past, present, and/or future that _____ (child's name) may hereafter have for personal injury, bodily injury, medical expenses, loss of income, loss of future earnings capacity, other losses or damages, both compensatory and punitive, of any and every kind or nature whatsoever, now known or unknown, or may hereafter develop, be sustained or received by _____ (child's name) as a result of and arising from any incident which might take place during the UTHNation Youth Camp being held at _____ (camp name) between _____, 20____ (camp dates).

Without limiting the foregoing, this Release of All Liability extinguishes any and all claims of liability by _____ (family name) for pain, mental and physical suffering, past, present and future, and permanent disability, loss of earnings, earnings capacity, loss of service and/or companionship and loss of substituted services by _____, (child's name) including, but not limited to, all compensatory and punitive damages and any and all other claims by _____ (family name) against the Releasees.

Without limiting the foregoing, _____ (family name) releases, acquits, and forever discharges the Releasees from any and all medical bills, medical expenses, hospital expenses, past, present and future, hospital liens, physician liens, attorneys' fees, or liens, any and all other insurers' claims, subrogate interests, either by contract, statute and/or by common law.

_____ (family name) agree to indemnify and hold harmless the Releasees, including indemnification for reasonable attorneys' fees, court costs and expenses, from any and all medical, hospital, insurance and attorney bills and expenses.

The _____ (family name) further state that they have carefully read the Release of All Liability and that they know the contents thereof, and that they are of the legal age, that the _____ (family name) have signed the Release of All Liability of their own free act and has not been influenced in making this settlement by any representation of the party or parties being released.

SIGNED AND SEALED this _____ day of _____, _____ 2011_____.

Print Parent's Name

Parent's Signature

Jose Casas, Youth Pastor - Calvary Chapel Kendall

Pastor Pedro Garcia - Calvary Chapel Kendall

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

SWORN AND SUBSCRIBED before me this _____ day of _____, _____ 2011_____, by _____, who is _____ personally known to me or produced identification (type and number of identification provided) _____ and who executed the foregoing instrument and acknowledges that they executed the same at their free act and deed.

NOTARY PUBLIC, State of Florida

My Commission Expires:

Print Notary Name



Medical Protocol:

- ★ If an incident occurs, UthNation staff and/or the camp facilities staff will make all decisions as to the treatment needed and/or evacuation procedures required for injured campers and staff.
- ★ UthNation staff is also requiring a brief medical history of each camper.
- ★ All youth leaders, church staff, volunteer leaders will also need to fill out medical history as well.
- ★ UthNation has the right to deny any active or physical activity to any camper who is not well or has any medical conditions hindering them from doing such events.
- ★ **UthNation has the right to deny any camper from going on the camp they have been sick a week prior to the day of leaving.**

6. The camp facilities staff will hold each Calvary Chapel camper and/or chaperones financially responsible if any camper is found guilty of destruction of property to the camp facilities or any private or public facility and/or property.

7. Each Youth Group Leader/Pastor will be responsible for distributing, collecting, and sending all forms to Calvary Chapel Kendall's offices the camp sign up deadline date.

8. This agreement shall be binding when a copy bearing signatures are returned to Calvary Chapel Kendall offices.

(NOTE: Youth Pastor Only) Please give the number of participants that will be attending from your youth group. Try to be as specific as possible:

I agree to the conditions and regulations that I have read in this document and understand them.

Print Parent's Name

Parent's signature

Print Camper's Name

Camper's signature

Date