



Antiochian Village

201 Saint Ignatius Trail, Bolivar, PA 15923

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Registration and Liability Release Form

Antiochian Village Service Weekend – May 20-22, 2011

Please mail or fax this form to us no later than Friday, May 13, 2011

Please Print

Name _____ Date of Birth _____ Gender M F

Address _____ Email _____

City _____ State _____ Zip _____ Phone _____

Emergency Contact Name _____ Mobile Phone _____

Staying overnight? (circle all applicable) Friday Saturday

Please check one: Adult Teen* Teen Advisor/Parent

*Teens must be accompanied by an advisor/parent/adult chaperone.

If teen, name of accompanying adult: _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I/my parent cannot be reached in an emergency during the activity dates shown on this form, permission is given to the physician or dentist selected by the Antiochian Village Camp Director to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for myself/my child as deemed necessary.

I understand that my insurance coverage for myself/my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by the Antiochian Village and its agents during the activities and events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Antiochian Village, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Participant's Signature

Date

Print Name of Parent/Guardian (if under 18 years)

Signature of Parent/Guardian (if under 18 years)

Date