

Return this form by April 4th by fax (814)266-3103 or email to unitedjohnstown@gmail.com

REGISTRATION	
Youth Name:	Birthdate:
Gender: Grade: _	Church/Youth Group:
Address:	
Youth Cell Phone:	Youth Email:
Parent/Guardian Phone:	P/G Email:
Food Allergies:	
What T-Shirt Size?	
Youth : XS S M	Adult: XS S M L XXL XXXL
	RELEASE
Harmony, and for United Johnstown as members of my family in United Johns	permission for my child to attend Way Maker Conference at Camp and Camp Harmony to use images (photo, video, etc.) of my child and town and/or Camp publicity (print ads, internet including social to inspect or approve images for such purposes.
understand also, that although Camp I proper supervision, instruction, trainin and United Johnstown to guarantee al voluntary and waive any claim that ma employees/volunteers as a result of page 1.	nature, outdoor and camping activities involve some risk of injury. I larmony and United Johnstown have taken precautions to provide g and equipment for each activity, it is impossible for Camp Harmony isolute safety. I further understand that participation in these activities is y arise against Camp Harmony and United Johnstown and/or rticipation in the program, except for those that are a direct result of d United Johnstown and/or their employees/volunteers.
_	ny church are responsible for providing supervision for my child ponsible for any first aid and/or medicines s/he may need while
My child will adhere to the rules estab Harmony.	ished by our youth group leaders, United Johnstown leaders, and Camp
Name (Parent/Guardian if unde	er 18) Signature (Parent/Guardian if under 18)