

# WAY MAKER CONFERENCE 2024

Return this form by April 5th by fax (814) 266-3103 or email to [unitedjohnstown@gmail.com](mailto:unitedjohnstown@gmail.com).

Cost: \$40 for Saturday

If you would like lodging, please contact Camp Allegheny to make arrangements and for pricing.

## REGISTRATION

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Church/Youth Group: \_\_\_\_\_

Address: \_\_\_\_\_

Are you completing this form for a youth or for yourself (an adult)?: \_\_\_\_\_

Youth Cell Phone: \_\_\_\_\_ Youth Email: \_\_\_\_\_

Adult/Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Circle T-shirt Size: **Adult:** XS - S - M - L - XL - XXL - XXXL

*Note: If registration is not submitted by the due date, you may not receive a T-shirt.*

## RELEASE

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In signing this registration form, I grant permission for myself and/or my child to attend Way Maker Conference at Camp Allegheny, and for United Johnstown and Camp Allegheny to use images (photo, video, etc.) of my child and members of my family in United Johnstown and/or Camp publicity (print ads, internet including social networking sites, etc.). I waive the right to inspect or approve images for such purposes.

I also acknowledge that, by their very nature, outdoor and camping activities involve some risk of injury. I understand also, that although Camp Allegheny and United Johnstown have taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for Camp Allegheny and United Johnstown to guarantee absolute safety. I further understand that participation in these activities is voluntary and waive any claim that may arise against Camp Allegheny and United Johnstown and/or employees/volunteers as a result of participation in the program, except for those that are a direct result of gross negligence of Camp Allegheny and United Johnstown and/or their employees/volunteers.

I also acknowledge that leaders from my church are responsible for providing supervision for my child throughout the conference and are responsible for any first aid and/or medicines s/he may need while attending Way Maker Conference.

I and/or my child will adhere to the rules established by our youth group leaders, United Johnstown leaders, and Camp Allegheny.

\_\_\_\_\_  
Name (Parent/Guardian if under 18)

\_\_\_\_\_  
Signature (Adult/Parent/Guardian if under 18)