## WAY MAKER CONFERENCE 2025

Return this form by April 21st by fax (814) 266-3103 or email to unitedjohnstown@gmail.com. Cost: \$40 for Saturday

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

## **REGISTRATION**

Name:	Age: Birthdat	e:
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: <b>Adult:</b> S - M - L	- XL - XXL - XXXL	
Note: If registration is n	oot submitted by the due date, you may no	t receive a T-shirt.
	RELEASE	
Allegheny, and for United Johnstown and	ermission for myself and/or my child to attend \ Camp Allegheny to use images (photo, video, et publicity (print ads, internet including social net rposes.	cc.) of my child and members of my
that although Camp Allegheny and United training and equipment for each activity, i safety. I further understand that participa Allegheny and United Johnstown and/or e	ure, outdoor and camping activities involve some Johnstown have taken precautions to provide it is impossible for Camp Allegheny and United tion in these activities is voluntary and waive are imployees/volunteers as a result of participation of Camp Allegheny and United Johnstown and	proper supervision, instruction, ohnstown to guarantee absolute by claim that may arise against Camp on in the program, except for those
	church are responsible for providing supervisionst aid and/or medicines s/he may need while a	
I and/or my child will adhere to the rules of Allegheny.	established by our youth group leaders, United	Johnstown leaders, and Camp
Name (Parent/Guardian if under 18)	 	dian if under 18)