



Registration Form

(Please Print Clearly)

CAMPER'S INFORMATION

LAST NAME	FIRST NAME	PREFERRED NAME	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
AGE	SEX	BIRTHDATE	
HEIGHT	WEIGHT	T-SHIRT SIZE	

PARENT/GUARDIAN CONTACT INFORMATION:

PARENT/GUARDIAN	RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
EMERGENCY CONTACT	RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	

PERMISSION

I hereby give permission for my child or ward to participate in all activities of The Jerry Clark Foundation during the days he/she is scheduled to attend.

INDEMNIFICATION & RELEASE

For and in consideration of permission granted to my child or ward to participate in The Jerry Clark Foundation activities, I hereby release and discharge The Jerry Clark Foundation Inc., employees, and their agents, from all claims which I or my child have or claim to have, for all personal and property injuries, knowing or unknowing, caused by, during or arising out of the program, and I further agree to indemnify and hold harmless, The Jerry Clark Foundation Inc. and his agents against any such claims.

I acknowledge that I am authorized and competent to execute this information, Permission, Indemnification and Release Form, and that I have read and understand all of these terms. I execute it voluntarily and with full knowledge of its significance.

PARENT/GUARDIAN SIGNATURE

DATE