

# ***JR. HIGH SUMMER FESTIVAL***

Family Fest is taking a group of 6<sup>th</sup> to 8<sup>th</sup> graders to  
***SUMMER FESTIVAL***  
at the University of Stout, Menomonie, WI  
Monday, July 26 to Friday, July 30, 2010

Check out this great faith-building adventure for youth just completing grades 6<sup>th</sup> through 8<sup>th</sup>.

Hang out with hundreds of kids from all over Minnesota and Wisconsin. Hear great speakers who will challenge you and help you as you grow in your walk with God.

Check out the attached brochure for just a few of the things that you will get to do.

Camper Cost: \$365.00. Camper cost includes Summer Festival fee, T-shirt, and transportation. It does not include costs for counselors. If you would like to donate to the counselor fund, it would be greatly appreciated. We are hoping to bring 1 counselor for every 8 kids.

Mail registration and \$50 deposit to: Family Fest Ministries,  
140 W 98<sup>th</sup> St. STE 206, Bloomington, MN 55420

If you need more registration forms, you can download them from our website at:  
[www.familyfestministries.org](http://www.familyfestministries.org)

**2010 SUMMER FESTIVAL JUNIOR HIGH REGISTRATION**  
**UNIVERSITY OF WISCONSIN, STOUT** **JULY 26-JULY 30**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex: M F Grade Completed in 2009-2010: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

**I am attending with this Church/Group: Family Fest Ministries**

**\*\* IN CASE OF EMERGENCY\*\*** I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Youth Forum the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Youth Forum. I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Youth Forum from liability in acting on my behalf in this regard so long as Youth Forum is not grossly negligent.

**\*\*PROMOTIONAL MATERIAL RELEASE\*\*** I give Youth Forum MN permission to use photography and video taken at the Summer Festival to be used in promotional material.

**\*\*RELEASE OF LIABILITY\*\*** On behalf of the above registered Camper or Staff, their family, heirs, assigns, representatives and estate, I expressly acknowledge that my voluntary participation in the Summer Festival involves known and unanticipated risks which could result in injury, disability, death, and/or property damage, and I agree to assume all of the risks of this activity. In consideration of participating in Summer Festival, I hereby voluntarily release, indemnify and hold harmless the Summer Festival, its sponsor Youth Forum Minnesota and its staff, directors, volunteers, participants or agents ("Releasees") from any and all claims, losses, or causes of action connected with this activity. This release does not apply to claims arising from intentional conduct. I agree to indemnify and hold Releasees harmless for all costs to enforce this agreement. I represent that I have adequate insurance to cover any injury or loss I may suffer or cause while participating in this activity, or agree to bear such costs myself. By signing this Release, I acknowledge that I may be found by a court of law to have waived my right to maintain a lawsuit against Releasees for any claim for negligence. I have read and understood this document, had the opportunity to consult with legal counsel, and agree to be bound by its terms.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

Daytime Phone Number(s) \_\_\_\_\_

**In case parents are unreachable, please contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Additional comments regarding medical history, allergies, penicillin or drug reactions that may be needed in treatment:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent or Guardian's Health Insurance Company**

Name & Address: \_\_\_\_\_

\_\_\_\_\_

Policy Number: \_\_\_\_\_

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