



Thunderbird

"Best Weekend Ever"

Who

You and 500 high school friends from North and South Carolina

When?

November 9th-11th

Where

Camp Thunderbird
Lake Wylie, SC

What to bring:

...a sleeping bag, pillow, clothes & shoes to get a little messy, and warm clothes!

Sign Up Now
\$180



FALL WEEKEND 2018 REGISTRATION FORM

Name of Child _____ Gender _____ School _____ Grade _____

Parents or Guardians _____

Address _____ City _____ ST _____ Zip _____

Phone (____) _____ - _____ Cell (____) _____ - _____ T Shirt Size _____

Mail form and \$180 Check
Payable to Beaufort Young Life
Beaufort Young Life
PO Box 1885
Beaufort, SC -29901

See Back



-----**Parental Consent for Medical Treatment**-----

In the event the your child becomes ill or injured while attending Young Life camp at camp Camp Thunderbird fall retreat, we request that Young Life be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature verifies your child is in good health and capable of participating in strenuous activities. Your signature will also acknowledge your acceptance and understanding of Young Life's role in the medical treatment of your child. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Young Life the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Young Life. I hereby give permission to the medical personnel selected by Young Life to order x-rays, routine tests, treatment; maintain and/or releases any medical records necessary for insurance purposes as outlined under the HIPAA regulations. *I absolve Young Life from liability in acting on my behalf in this regard. * Young Life is compliant with Health Insurance Portability and Accountability Act (or HIPAA)> To obtain a copy of Young Life's Notice of Privacy Practice, log onto www.younglife.org or call 719-381-1950.. I hereby grant Young Life the right to use, reproduce, distribute photographs, films, video tapes and sound recording of my child without compensation or approval rights.

Parent's Email _____

Parent's Signature _____

Emergency Contact Name _____

Emergency Contact Phone _____

Parent's Insurance Co _____

Insurance Policy Number _____

Insurance Address _____