

Date _____

Gainesville GAP

An outreach mission of Antioch United Methodist Church

Registration

Church _____

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Telephone _____ Cell phone _____

T-Shirt Size S M L XL XXL Date of Birth ____/____/____ Age _____

Sex: Male / Female Camper? _____ Driver? _____

Special Skills: _____

Physician: _____ Phone _____

Medical Conditions: _____

Medications: _____

Insurance Company _____ Policy Number _____

Permission

I give my permission for my child, _____, to attend Gainesville GAP during the session from June 9-13, 2010. I give permission for the G.A.P. Director, a G.A.P. staff member, or Youth Leader to sign for medical treatment in the event that I can not be reached. I will not hold Antioch United Methodist Church, Antioch Campground, Antioch Campground Trustees, G.A.P, or the G.A.P. staff liable or responsible for any accident or injury occuring during this time.

Parent Signature _____ **Date** _____

Emergency Contacts:

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

GAPper's Pledge

I promise to abide by all the rules and regulations of the GAP program and always operate by the rule of "Safety First."

Participant's Signature _____
Date