##### 

**REGISTRATION LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME (MALES)** | **AGE** | **NAME (FEMALES)** | **AGE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



**Conference Date:** December 31st , 2014

**Conference Cost:** $25

Forever Reckless will begin **Wednesday, December 31st at 8pm** and will be for one night only.

Registration will be open at 6:30pm on the 31st, however doors will not open until 7:30pm. Reckless is held at 310 Parker St. Vacaville, CA 95688. You can send your completed registration form to the address above or it can be paid on the night of the conference, however, if you are a walk in your spot can **not be guaranteed**. Pricing includes food and activities for the night. If you would like to pay using a credit card, we have made that option available for you and you can pay over the phone to (707)689-8765. If you need another registration packet, resources are made available for you at **fuelthisfire.com** under the Reckless tab.

##### (PLEASE PRINT CLEARLY)

Name: Telephone: Address: City: State: Zip: Church: Youth Pastor’s Name (If not previously stated):

Number of people attending: x $25 = Total

\*Due at Registration

For every 10 students brought, 1 is free. Please write number of free admissions here:

(Mail-Ins)I am enclosing $\_ registration fee. Registration is non-refundable.

Comments:



##### Health Record & Consent Form (\*All members of your group must have this form signed and completed. If under the age of 18, this form MUST be signed by a legal guardian)

Name Health Problems Emergency Phone ( )

Drug Allergies Polio Vaccination: Yes / No

Last Tetanus Shot (Date)

Activity Restrictions

Regular Medication Insurance Company Policy Number

**IN CASE OF EMERGENCY,** I hereby give permission to the physician selected by the Conference Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named on the consent form.

I/ We do hereby release Harvest Church agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by the aforementioned camper during the involvement with the Reckless Conference.

**Publicity Release:** I hereby grant permission for Radical Reality to photograph / video my child during camp activities and to use the photographs in Radical Reality audio-visual and printed materials without compensation or approval rights.

##### Signature \_Date

(Guardian’s signature if under 18)