



STAND YOUR GROUND 2008 REGISTRATION FORM

PLEASE PRINT USING A PEN (NO PENCIL)

Are you registering with a group (circle one) Y N

If yes, church name: _____ **Chaperone:** _____

Name: _____ **Sex (circle one) M F**

Street: _____

City _____ **State** _____ **Zip:** _____

Phone _____ **Email** _____

Please complete this section to calculate total registration amount:

Registration Fee (\$25) _____

Late fee—if after Oct 9 (\$5) _____

Total _____

Total Enclosed \$ _____

- **ALL PARTICIPANTS must complete the ENTIRE registration form.**
- **To avoid the late fee, registrations should be POSTMARKED no later than Oct. 9**
- **The fee for all registrations postmarked AFTER Oct. 9 or registrations AT THE DOOR is \$30.**
- **Please make checks payable to Camp Manatawny and in the memo please put "Stand Your Ground"**
- **Please mail this form and your registration fee to:**
 - Stand Your Ground**
 - c/o Camp Manatawny**
 - 33 Camp Road**
 - Douglassville, PA 19518**
- **If you have any questions, please contact Matt Wilson @ (302) 737-3781 or email standyourground2008@gmail.com**

Registration Continued on Back. For details or to register online visit <http://syg08.wordpress.com/>

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(Continued)

Emergency Contact Name: _____ **Number** _____

Parent/Guardian's & Student's signatures are required:

I, the undersigned, am a parent or legal guardian of _____ (the "Applicant"), and I hereby give my approval and consent for the Applicant to attend and participate in the Stand Your Ground youth rally on October 18, 2008. I hereby relieve Youth Advance of Delaware Valley Inc. from any and all liability and agree to indemnify, defend, and hold Youth Advance of Delaware Valley Inc., its officers, directors, employees, volunteers, and chaperones ("Stand Your Ground staff) harmless from any and all claims and liability for sicknesses, injuries, accidents of any nature or cause whatsoever including, but not limited to, injuries caused by negligence of the Stand Your Ground staff. I hereby give my consent for the Stand Your Ground staff to authorize any and all emergency care necessary for the treatment of the Applicant while attending the Stand Your Ground youth rally.

Is your child currently taking any medications? ____ Yes ____ No (If yes, please list details at the bottom of the page)

Is your child allergic to any medications? ____ Yes ____ No (If yes, please list details at the bottom of the page)

Parent's Signature

Date:

Student's Signature

Date:

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