



REKINDLE

TEEN CONFERENCE

AMBASSADOR BAPTIST COLLEGE

TEEN REGISTRATION FORM November 13, 2021

ambassadors.edu/rekindle

Please print and complete all sections with attendants information.

REGISTRATION

Gender: Male Female

First Name: _____

Last Name: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Grade: _____ Age: _____

Cell Phone #: _____

Parent/Guardian Contact Phone:
(_____) _____

I agree to abide by all camp rules and will assume full responsibility for my physical welfare and will not hold Ambassador Baptist College liable in case of sickness or accident.

Parent/Guardian Signature: _____ Date: ____/____/____

Send Registration Form and Payment to:

Ambassador Baptist College
Attn: Rekindle Director
P.O. Box 158
Lattimore, NC 28089

MEDICAL INFORMATION

Date of Birth: ____/____/____

Date of Last Tetanus Shot: ____/____/____

Allergies (food, medicine, insects, etc.): _____

HOME CHURCH INFORMATION

Church Name: _____

Pastor: _____

Address: _____

City: _____ State: _____ ZIP: _____

In case of emergency, I understand that every effort will be made to contact the parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection, anesthesia, or surgery for my child. I also affirm that the medical information above is complete and accurate and will not hold Ambassador Baptist College liable in case of sickness or accident.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature Name: _____

Date: ____/____/____

OFFICE USE ONLY

Fees: _____ Bal: _____

Date: ____/____/____ ID#: _____