



# REKINDLE

## TEEN CONFERENCE

AMBASSADOR BAPTIST COLLEGE

### TEEN REGISTRATION FORM

November 11, 2023

[ambassadors.edu/rekindle](http://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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Registration opens at 9am. Rally starts at 10am and ends at 5pm.*