



# Registration Pack

Name: \_\_\_\_\_

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# Word of Faith Center Camp Behavior Contract



Name: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, commit to the following behaviors during all Centro Palabra de Fe Church activities, including transportation en route and on/off campus activity.

- I will respect and obey the leaders and those in authority.
- I will not leave the supervised areas designated by the church leaders including the campgrounds.
- I will be respectful of the property of others. I will not destroy, vandalize, or tag any property. I will use the trashcans for all trash. I will not abuse any equipment or facilities.
- I will not display romantic affection (holding hands, kissing, or straying from the group) nor be in the rooms of the opposite sex.
- I will not take any drugs, tobacco, e-cigarette (vape), or alcoholic beverages.
- I will report any injury immediately to the leaders.
- I will not play with fireworks, candles, matches, or lighters.
- I will not have any personal toys, games, electronic, or audio equipment with worldly music.
- I will not fight or use profanity.
- I will not take any weapons or anything that may be used as a weapon.
- I will report any young person who has a harmful weapon, drug, alcoholic beverage, cigarette, or e-cigarette (vape).
- I will silence my cell phone during all services.
- I will attend **ALL** events and be on time.
- I will observe **all of the rules at all times**.

I understand that violation of these rules will result in suspension from youth group services, and/or activities, and dismissal from camp. Any criminal activity will be prosecuted to the fullest extent of the law.

\_\_\_\_\_  
Young Person's Signature

\_\_\_\_\_  
Date

I understand that the Administration reserves the right to dismiss a young person who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of Centro Palabra de Fe Church. I agree to pick up my young person from camp if any of the points of the contract are violated. I understand that I am liable for any fees resulting in the discipline of my young person.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



# Word of Faith Center Camp Registration Form



### Camper Information:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License or I.D. number: \_\_\_\_\_

Do you attend church? \_\_\_\_\_ Name of Church: \_\_\_\_\_

How long have you attended? \_\_\_\_\_

### Family Information-

#### Father / Guardian:

#### Mother:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### Health History:

A physician's examination is not required. Please complete this information to the best of your knowledge. Please inform the staff in writing of any changes to your child's health prior to their arrival at camp.

Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Does the young person take any medications?

If yes: Please describe: \_\_\_\_\_

Will the young person be taking any medications at camp?

If yes: Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Any restrictions while at camp? \_\_\_\_\_



# Activity Permission Slip



Name of child: \_\_\_\_\_

Activity / Event: SOL Camp '22

For the

**Date:** August 26-28, 2022

**Leaving:** Friday at 12:00pm

**Return:** Sunday at 1:00pm

### Meals:

- The child will be home for meals
- Included
- We recommend that the child bring at least \$20 spending cash for snacks

### Method of Transportation:

- Walking / Public transportation
- Church van
- Personal autos
- Other:

I request that my child be permitted to participate in the activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it. I expressly request my child to voluntarily participate in the activity.
2. I understand and acknowledge that I waive and forever release and discharge Centro Palabra de Fe Church, its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity.

To the best of my knowledge, my child has no physical condition that would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or any other person's health.

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

## Medical Release

I hereby give permission to the supervisors and authorized drivers of church off-site activities/field trips and other events of Centro Palabra de Fe Church to consent to X-rays, tests, treatment, anesthetic, medical or surgical diagnosis or treatment, and necessary transportation for my child. In the event of an emergency, if I cannot be contacted I hereby give permission to the physician selected to administer treatment, including hospitalization for my child. I will pay the cost of any such medical procedures or treatment. I also agree to assume any and all financial responsibility for the participant's care while under the supervision of Centro Palabra de Fe Church or its representatives. I hereby release and waive all claims against Centro Palabra de Fe Church, its employees, representatives and volunteer drivers and chaperones related to this off-site activity/field trip. This permission form has been signed only after understanding and considering all of the information set forth above.

\_\_\_\_\_  
*Name of Emergency Contact*

\_\_\_\_\_  
*Home phone number of Emergency Contact*

\_\_\_\_\_  
*Cell phone number of Emergency Contact*

\_\_\_\_\_  
*Work phone number of Emergency Contact*

\_\_\_\_\_  
*Parent / Legal Guardian signature*

\_\_\_\_\_  
*Date*

- PLEASE CHECK HERE IF THERE ARE SPECIAL INSTRUCTIONS FOR MEDICAL TREATMENT OR ALLERGIES.  
(PLEASE PROVIDE SPECIAL INSTRUCTIONS IN WRITING BELOW)
- 
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### Parent's Authorization

I hereby consent for my young person to participate in the full camp program and all activities unless I advise in writing. I give permission for Centro Palabra de Fe Church to use any photograph for promotional material. To the best of my knowledge, my young person is in good health, and I will notify the counselors if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Centro Palabra de Fe Church and its officers, servants, or assigns from any liability concerning our child's involvement in camp and further agree that the use of all camp facilities and transportation is made at the risk of the registrant. In case of emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

### **Please Note**

- **Full payment of \$180.00 & completed registration form are required by Sunday, August 7, 2022.**
- **I understand that the Administration reserves the right to dismiss a young person who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of Centro Palabra de Fe Church.**

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Parent/Guardian Signature

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Date

### **-ATTENTION-**

The church will NOT be providing transportation to or from the camp location.

If you or a parent would like to volunteer to drive: Please contact us to let us know at your earliest convenience.

If you are driving your own vehicle:  
You MUST include copies of a valid Driver's License, Vehicle Registration, & Proof of Insurance.

If you are driving a rented vehicle:  
Bring the rental agreement with you to the event.