

# 2012 IMMERSE Registration Form

Please fill out a separate registration form for each participant.

\***Participant Name:** \_\_\_\_\_  
(Last) (First) (M.I.)

\***Address:** \_\_\_\_\_  
(Street) (Apt. #)  
 \_\_\_\_\_  
(City) (State) (Zip)

\***Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-mail: \_\_\_\_\_

\***Host Church:** \_\_\_\_\_ City, State \_\_\_\_\_

\***Parent/Guardian:** \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Address (if different from participant):

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Event	Cost	Due Date
<input type="checkbox"/> IMMERSE National Youth Gathering Grades 9-12	\$370	5/15/2012

Total cost ..... \$370.00

Deposit due at registration..... - \$25.00

Total Due on or before May 15, 2012..... = \_\_\_\_\_

Enclosed is a check for \$\_\_\_\_\_ made payable to the American Baptist Churches, Nebraska.

Please send your forms to: American Baptist Churches  
 6404 Maple Street  
 Omaha, NE 68104  
 Or fax to: 402-556-1910



**Don't forget to fill out and SIGN the Health Form on the other side.**

OFFICE USE ONLY:	
Date Reg Rec'd	_____
Total Fee(s)	\$ _____
Rec'd (Early Bird)	
Church -chk#	\$ _____
Individual-chk#	\$ _____
Rec'd (Regular)	
Church -chk#	\$ _____
Individual-chk#	\$ _____

# IMMERSE Health Form

Send forms to: American Baptist Churches  
6404 Maple Street  
Omaha, NE 68104-4079

Participant Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip)

Medical Insurance Co.: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Restrictions: (include dietary))

Medications currently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_  
\_\_\_\_\_

History	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Digestive Problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear infections	<input type="checkbox"/>	<input type="checkbox"/>
Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>
Lung problems	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from camper) (Street) (City) (State) (Zip)

Day/Cell phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

If parent/guardian cannot be reached:

2nd Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How related: \_\_\_\_\_

Day/Cell phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

3rd Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How related: \_\_\_\_\_

Day/Cell phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Date of Last  
Tetanus Shot:  
\_\_\_\_\_



By signing below, I give permission for my child to participate in the IMMERSE National Youth Gathering with the Nebraska region of the American Baptist Churches. Any exceptions are listed on the Health Form under "Restrictions." I realize that some of the activities my child may participate in could involve dangers and risk of bodily injury. I hereby and voluntarily release, discharge, waive and relinquish any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to my child during his or her participation in this event.

I give permission for any registered adult leader to administer medications as they deem necessary to my child. This includes medications sent with my child, or nonprescription medications available from said leaders.

In case of an emergency I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp to hospitalize and secure proper treatment (including surgery) for my child.

I give permission for any photos taken during the event to be used for the regions publicity.

If the staff deems it necessary for my child to be removed from from the event, due to disciplinary or other problems, I will respond by promptly coming after my child.

Parent or Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_