Federal Way Mission Church

405 S. 312th St. Federal Way, WA 98023 Tel: 253 326 7800

Youth Summer Retreat Black Diamond Camp 19830 SE 328th Pl., Auburn WA 98092

Going to 6th Grade to 12th Grade June 23-26, 2025

REGISTRATION FORM

(One per Child)

4,-			
Child's Name	Gender: _		_Cell Phone:
Date of Birth	Grade 20)25 (학년):	
Address			
Child's Allergies (especially food allergies):	8455 t		-
Other Helpful Information (illness, Medication, act	tivity restric	ction), etc.	
Parent/Legal Guardian:	T	elephone	
Activity Consent Medical Treatment & Liability Waiver 1. If at any ti consent for treatment to be given. I understand the to emergency treatment. 2. I understand that Fed appropriate supervision of my child. I give my app and assume all risks and hazards incidental to sue and agree to hold harmless Federal Way Mission of teachers (collectively herein the "Church") from ar or sickness as well as property damage and expen undersigned and the child while involved in the ch Photo Release Permission 1. I give my permission picture for the missionary purposes and the websi Registration Information 1. Federal Way Mission Ch without refund if there is a suspicion of bullying, a	me medica nat every ef eral Way Moroval for m ch participa Church, its ny and all li nses, of ar ildren/youtl n for the Fe te of Feder nurch reser	al treatment fort will be dission Churchild's pation and pastors, disbility, clarature with activities deral Way ral Way Mives the rig	nt is necessary for my child, I give e made to contact parent/guardian prior urch will provide necessary and participation in all activities do waive, release, absolve, indemnify lirectors, employees, volunteers and aims or demands for accidental personal whatsoever which may be incurred by the s. Mission Church to use my child/children's ssion Church ght to discharge a child at any time
Date: Parents/Gua Signature(s,		t Name	
REGISTRATION FEE: \$125/Child			

Check Number _____ Cash ____