



Household Registration Form (1 per Household)

Parent(s)/Guardian(s)/Head of Household Information:

First Name(s) _____ Last Name _____

Address _____

Preferred Phone # _____ Alternate Phone # _____

Transportation Check if traveling by plane & forward flight information as soon as possible

Church _____ Pastor _____

Church Mailing Address _____

Church e-mail _____

Emergency Contacts, Medical Insurance & Authorizing Signature:

Contact Name 1 _____ Phone 1 _____

Contact Name 2 _____ Phone 2 _____

Insurance Co. _____ Policy # _____

In case of an emergency, I authorize such medical procedures to be performed on me and/or my child as are deemed necessary by, or at the discretion of, Westminster Presbyterian Church (WPC) staff or agents. I understand WPC will not have comprehensive health/accident coverage in force. I agree to assume the risk for any injuries and damages that I and/or my child may suffer during the week of the BWSC. The BWSC speakers and hosting site, also providing food services and other amenities, are independent contractors. All attendees agree to forever indemnify and hold harmless WPC, its officers, members, and trustees from any and all liability, loss, damage, claims of injury, or actions arising out of the BWSC.

Signature _____

Attachment Info & Parent/Guardian/Head of Household Signature:

# of attendee	Attendee	Fees
forms attached _____	First Names _____	Enclosed _____

I have read and agree with the terms of this application and covenants and support Westminster Presbyterian Church in its endeavor to provide the best possible learning environment for every student.

Signature _____ Date Signed _____

OFFICE USE ONLY – Fees Rec'd _____ Check # _____ Dates _____