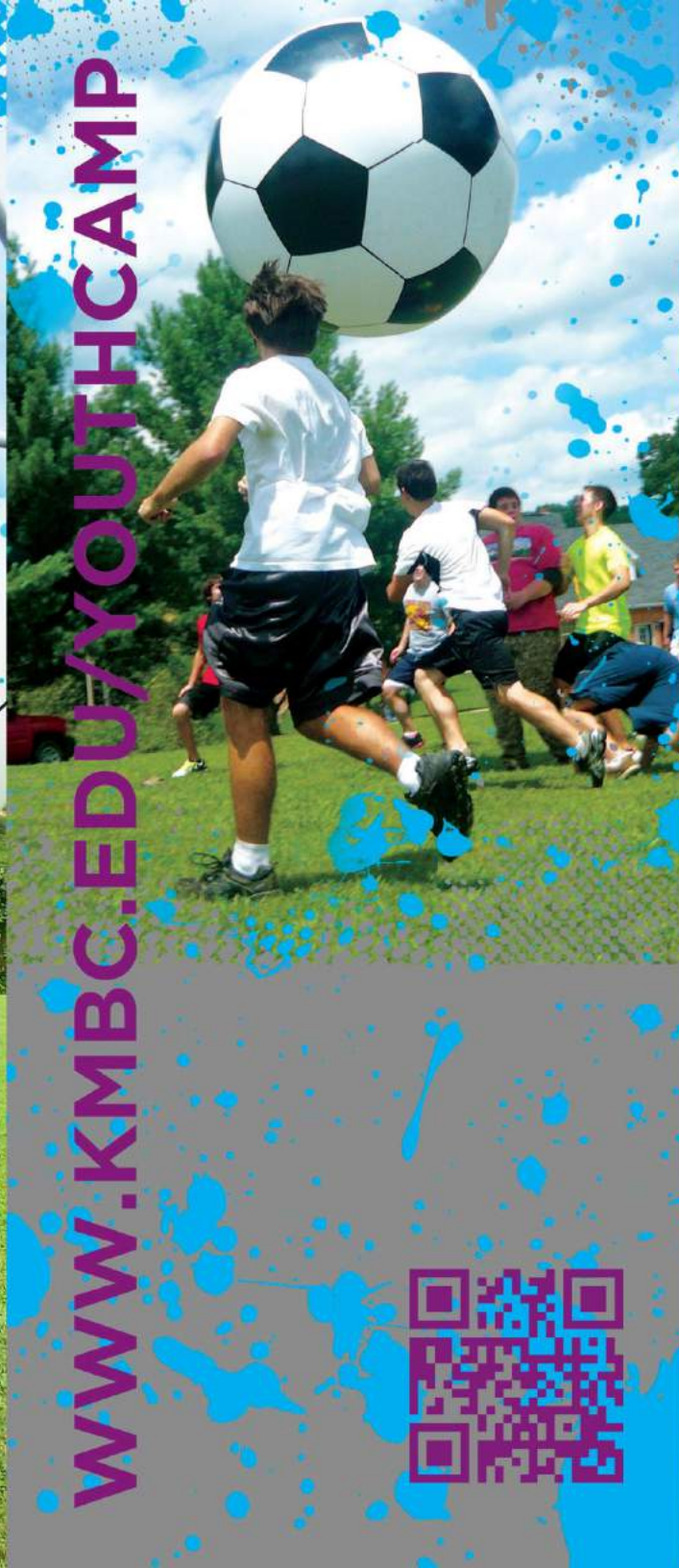
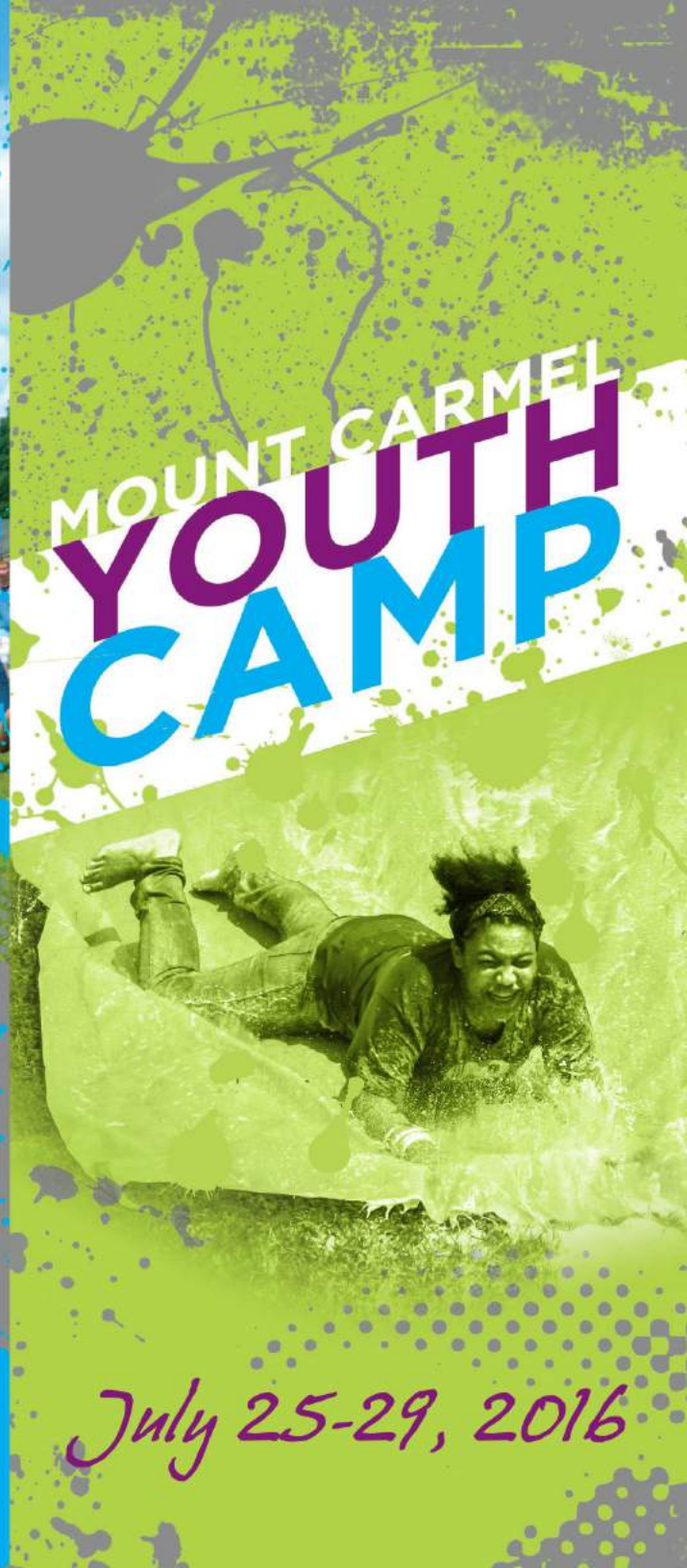




*Meet our  
Camp Directors  
Kolton & Adelle Semrow*



[WWW.KMBC.EDU/YOUTH CAMP](http://WWW.KMBC.EDU/YOUTH CAMP)



MOUNT CARMEL  
**YOUTH  
CAMP**

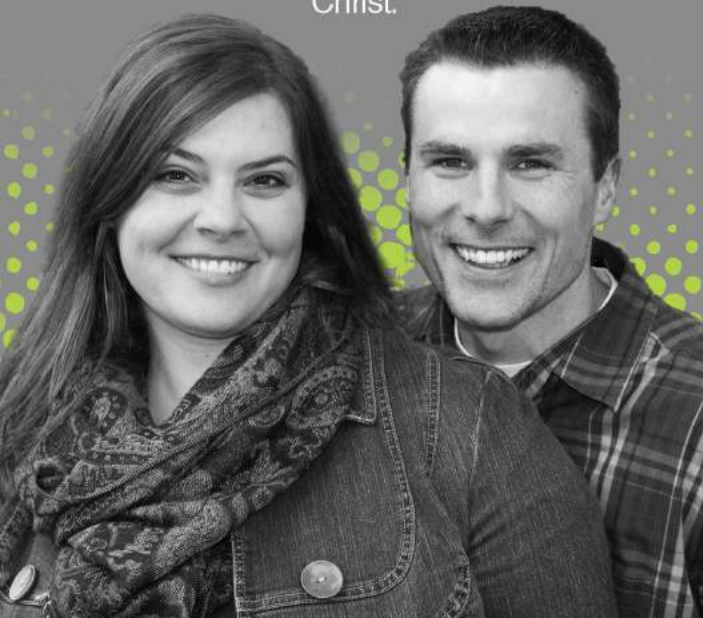
*July 25-29, 2016*





# Special Speaker DAVID COOPER

David Cooper, pastor at Deford Community Church in Michigan, will challenge our minds and encourage God's calling on our lives. He graduated from Kentucky Mountain Bible College in 2003 and received his Masters of Divinity from Wesley Seminary at Indiana Wesleyan University. His love and passion for ministry has impacted many young people for Christ.



**COME FOR THE**  
#goodtimes #hiking  
#caving #bonfire  
#worship #prayer  
#friendsforlife

CHECK OUT  
[WWW.KMBC.EDU/YOUTHCAMP](http://WWW.KMBC.EDU/YOUTHCAMP)  
FOR MORE INFORMATION



## REGISTRATION

Campers are invited from ages 12-18  
Cost: \$100 (if you pre-register by July 13th you get \$10 off)  
Groups of eight or more receive an additional \$10 off per person

### To PRE-REGISTER

1.800.879.5622 or [youthcamp@kmbc.edu](mailto:youthcamp@kmbc.edu)  
[www.kmbc.edu/youthcamp](http://www.kmbc.edu/youthcamp)

### PARENT/GUARDIAN CONSENT FORM

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Female  Male

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

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Medical Conditions/Allergies (please list)  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I the undersigned parent/guardian, hereby consent to my child participating in the youth camp, an event sponsored by the Mount Carmel Youth Camp Meeting, July 27-31, 2016. I certify that my child is able to participate in the camp activities as listed in the brochure and otherwise. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them. In the event of an emergency, I may be reached at the telephone numbers listed above. If I cannot be contacted, I hereby authorize Kentucky Mountain Bible College, its agents or employees to obtain such medical treatment as may be necessary in their judgment to ensure health, safety and well-being of my child. I understand and hereby agree to assume all risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I hereby agree to hold Kentucky Mountain Bible College, their agents and employees harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child, property even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities. I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by law of the State of Kentucky and that if any portion thereof is held invalid, it is agreed the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and a mere recital. I will disclose and update any changes that may occur to this release before the date of the event. I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understood.

Signature of Parent/Legal Guardian \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_