



New Heights Youth Camp Registration | Adult

For all adults coming with a group or serving for the camp.

kmbc@kmbc.edu | 606 -332-0139

Personal Information

Which week will you be Attending? ☐ Week One ☐ Week Two ☐ Week Three

Full Name (First, Middle, Last): _____

Date of Birth: _____

Phone: _____

Gender: ☐ Male ☐ Female

Email: _____

T-Shirt Size: _____

Address: _____

Street /City/State/Zipcode

Group or Group Leader (if applicable): _____

Background Check Information

Background checks are required for all adults working with youth. By filling out the information below, you release Kentucky Mountain Bible College to perform a background check on you understanding that it will be used to inform us of your fitness to serve.

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

Maiden Name or Aliases: _____

Social Security Number: _____

Diver's License/ID Number: _____

Medical Info

Medical Conditions & Allergies: _____

Emergency Contact

Name (First/Last): _____

Phone #1 : _____

Phone #2: _____

Email: _____

Relationship to Self: _____

Anything else we should know? _____

Acknowledgement and Release Statement

I understand that participation in youth camp activities involves inherent risks, and I accept full responsibility for these risks and release New Heights Youth Camp (NHYC) and Kentucky Mountain Bible College (KMBC), its employees, and affiliated parties from liability. In case of an emergency, 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. I understand and hereby agree to assume all risks which may be encountered on said activity, including activities preliminary and subsequent there to. 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 me or 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 consent to allow myself to be photographed or recorded during the event for public relations by KMBC and its employees. 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.

I, the undersigned, have read the above statement and agree.

Signature: _____

Date: _____

Printed Name: _____