





6 PM Friday 8/20/2010 - 2 PM Sunday 8/22/2010

Registration, CONSENT & RELEASE Form

Mail form(s) with check payment to: Lua Viet Youth Association

Your personal information is for registration only and will not be used for any other purpose.

	MI First Name:	Male [] Female [
Address:		Apt. No.:
City:		State: Zip:
Phone: Home (_)Cell ()	DOB/
Email:		
Swimming ability	☐ Beginner ☐ Intermediate ☐ Advance	Team Members
		1. Your Name
		2
Your Raft Captain Name		3
(If you want to be a raft captain check the Camp Rules flyer Raft Captain Task Section)		
		4
		5
CPR Certified	☐ Yes ☐ No	6
	Lifes Lino	7
		8
EMERGENCY CO	ONTACT	
N.1		D. L. L.
Name:) Office / Cell:	Relationship:
Physician [.]	Office / Cell.	Phone ()
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