

Adult/Youth Volunteer Participant Registration  
"LIVING WATERS"

Kirkwood Creation Camp  
2015 Camp Kirkwood Road.  
Watha, North Carolina 28478  
Phone: 910-290-2194

Dates: June 4th thru 8th, 2023  
Sunday 3:00PM-7:00PM  
Mon. Tues. Wed. 9:00AM-3:15PM  
Thurs. 2:00PM-7:00PM

Adult/Youth Volunteer First Name: \_\_\_\_\_

Adult/Youth Volunteer Last Name: \_\_\_\_\_

Birthday (Youth Only): \_\_\_\_\_

Gender:            Male            Female    (Check One)

T-Shirt Size (Specify Youth or Adult): \_\_\_\_\_

Current School Grade (Youth Only): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Allergies, Medical, & Any Special Needs: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name (Youth Only): \_\_\_\_\_

Parent/Guardian Phone Number (Youth Only): \_\_\_\_\_

Parent/Guardian Cell Phone Number (Youth Only): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Name Alternate: \_\_\_\_\_

Emergency Contact Phone Number Alternate: \_\_\_\_\_

Are you a member of this church?            Yes            No    (Check One)

If no, guest of: \_\_\_\_\_

Do you attend church?            Yes            No    (Check One)

If so, where? \_\_\_\_\_

May we have permission to photograph your child?            Yes            No    (Check One)