2026 SUMMIT TO SUMMIT AT YOUNGLIFE WFR, OR

CAMP REGISTRATION FORM

Camp is Friday through Sunday, April 24-26, 2026

A separate registration form is required for each person attending the camp

IF YOU ARE PRINTING ON THIS FORM, PLEASE PRINT SO WE CAN READ IT!

We must be able to contact you if we have questions about your registration

Summit to Summit
P.O. Box 937
Bingen, WA 98605

DATE:_____/_____/ **2026** CHURCH:_____

NAME: (First)_____ (Last)_____ (Age)_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:(_____) _____-_____ EMAIL:_____
(Include Area Code) (Please Print Clearly So We Can Read It!!)

☐ I am a Gorge Area Senior Pastor (**FREE**), or I am a Medic serving at camp(**FREE**)
☐ I would like to bunk with my church
☐ I will bunk anywhere

I am attending with:….

Name	Relationship (son, father, etc)	Age	Bunk With
			☐
			☐
			☐

You must fill out a separate registration form for your father and/or each son attending camp

I would like to donate towards scholarship(s) for Pastors or Brothers in Christ

☐ No Thanks ☐ $20.00 ☐ $50.00 ☐ Other: $_____

I AM PAYING THE FOLLOWING:

Camp Fee: _____
Donation: _____
TOTAL AMOUNT: _____

(Check or Money Order - must accompany registration form)

Registration Fees:

Gorge Area Senior Pastors (free), Early Reg (ends March 2nd) -$220, Normal Reg-$250, Son*-$205, Other eligible Pastor or Worship Team-$115

Mail your completed Registration Forms and Checks to the address shown up above

No Registrations can be accepted without payment

You can also Register Online at https://s2sministries.org with your Credit Card or Debit Card (no checks or money order with online submission)

You must complete a Camp Medical Waiver/Release Form (attached)

Notes: 1) By completing this registration you acknowledge that your image and likeness may be used in Summit to Summit's promotional materials. 2) YoungLife's policy and S2S's contract with YoungLife prohibits guns and knives on the premises. We apologize for this inconvenience.

younglife® CAMP

GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

YL-6009

Please select your group or church name *

Which organization are you coming with *

List the same group name as above if you are not sure

Name *

First | MI | Last

Is the Participant under the age of 18? *

Yes No

Birthdate *

Age *

Sex

Are you serving on work crew?

Yes No

Spouse/First Emergency Contact *

First | Last

Home Address *

Address Line 1

City | State / Province / Region | Postal / Zip Code | Country

Business Address

Address Line 1

City | State / Province / Region | Postal / Zip Code | Country

Phone Number *

Business Phone Number

Any allergies or other medical needs?

Name of Physician

First

Last

Physician Phone #

Physician Address

Address Line 1

City

State

Zip Code

I have had a physical within the last 24 months

- ○ Yes
- ◉ No

Medical Insurance Company

Policy Number

Address

Address Line 1

City

State

Zip Code

INDEMNITY AND CONTRACT AGREEMENT

I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

To obtain a copy of Young Life's Notice of Privacy Practices, log on to https://www.younglife.org/privacy-policy/ or call (719) 867-3600.

I verify that I am or my child is in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health.

In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment and/or medical transportation that is provided to me or my child while attending a Young Life camp will be paid for by my medical insurance company.

Canada: Malibu Club/Beyond Malibu: I agree that any complaint, demand, dispute, claim involving bodily injury including death and/or personal injury or cause of action arising out of or in any way related to Young Lie's Malibu Club or Beyond Malibu, including any activity, event, medical treatment, and/or transportation will be governed by the laws and jurisdiction of the Canadian Province where the event or incident occurred.

SAFETY

Young Life is committed to the safety of all participants. I understand that weapons of any kind are not permitted at any Young Life activities, camps or events**.**

WAIVER AND RELEASE

If I am under the age of 18, or under the age of 19 if attending Malibu Club or Beyond Malibu, my parent or guardian, by signing below, alsoconsent to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Young Life harmless from any claim asserted by me against Young Life, including its trustees, employees and agents, if I should repudiate this release after obtaining adulthood.

Signature of Participant *

×

draw type

Date Signed *