

# LEADERSHIP RETREAT REGISTRATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date M \_\_\_ / D \_\_\_ / Y \_\_\_ Grade Completed \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day (\_\_\_\_) \_\_\_\_\_ Eve (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Parent's Email \_\_\_\_\_

Parents' Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Church/Congregation \_\_\_\_\_

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

Emergency Contact: Phone (\_\_\_\_) \_\_\_\_\_

## \$25 Due With Registration

In signing this application I agree to abide by all policies governing personal conduct and use of camp property as outlined in the camp brochure. I agree to cooperate and participate in all camp activities.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*--Continued on back page--\*

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\*--Continued on back page--\*

# LEADERSHIP RETREAT REGISTRATION FORM

List any allergies including food allergies and intolerances \_\_\_\_\_

Please indicate any emotional or health problems, behavioral issues, dietary restrictions, traumatic events in the camper's life, or other information that we should know.

\_\_\_\_\_ (Please attached additional sheets if needed)

In signing this application, I certify that all information is correct and my child/ward is in good health and may participate in camping activities. I give consent for camp officials to act in any emergency in the best interest of the health and welfare of my child/ward. Should it become necessary for him/her to return home during the week because of illness, accident, homesickness, or conduct, I will abide by the camp's decision in this matter and provide transportation.

I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ward shares responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of camp participants. Further, I waive any claim that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

**I give permission for person named to be photographed and/or video-taped for promotional purposes \_\_\_\_\_**

### FOR OFFICE USE ONLY

Person ID _____	Amount Due _____
Date Received _____	Cancellation Date _____
Date Entered _____	Refund Amount _____
Date Conf Sent _____	Date Refund Paid _____
Total Fee _____	<b>INFORMATION MISSING</b>
Paid by parent _____	Parent Signature _____
Paid by church _____	Camper Signature _____
Campership _____	Date _____
Total Credited _____	Other _____

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