

CIT Training Registration Form

Last Name _____ First Name _____
Gender ____ Birth date M___/D___/Y___ Grade completed by event ____

Please email my Confirmation Packet ____ Please mail my Confirmation Packet ____
Mailing Address _____
City _____ State _____ Zip _____

Telephone Day (____) _____ Eve (____) _____
Cell (____) _____

Parents' Name(s) _____
Parents' Email _____

Home Church/Congregation _____

Emergency Contact: Name _____
Emergency Contact: Phone (____) _____

Special Requests: _____
List any allergies or dietary restrictions _____

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.

CIT's Signature _____ Date _____

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. 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. I also give permission for person named above to be photographed and/or video-taped for promotional purposes.

Guardians' Signature _____ Date _____

Printed Name _____

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Printed Name _____