

SR High Fall Retreat 2017

NOV 10 - 12 COST \$60

~ In God's Hands ~

REGISTRATION FORM

NAME _____ AGE _____ GRADE _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

CONGREGATION/MISSION CENTER _____

I promise to live by camp rules and to actively support the programs developed by the camp staff

Campers signature _____

I give my permission for _____ to attend Sr. High Retreat. I have confidence that those in charge will exercise diligence for the safety of my child. I hereby release the leader of any responsibility for personal injury. In case of medical emergency, I understand that every effort to contact the parents/guardians of the camper will be made. In the event that I cannot be reached, I hereby give the permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, surgery, or other medical procedures for my child as named above.

SINGATURE _____ DATE _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

(PARENT/GUARDIAN MUST SIGN FORM FOR REGISTRATION TO BE COMPLETE)

PLEASE BRING ALL REGISTRATION FORMS AND PAYMENT TO CAMP

OR

MAIL TO: JONATHAN LALLONE, 141 GENTEEL RIDGE, WELLSBURG, WV 26070