

ID# _____
(office use)

2009 Camp Registration

(Please Print)

Female Male

Camper Name _____
Last First

Dates Attending _____

Address _____

Church/Organization _____

City _____ State _____ Zip _____

Parent(s) _____

Wilderness Retreat

Home # _____ Work# _____

Program

Parent E-Mail _____

Camper E-Mail _____

Birthdate ____ / ____ / ____ Grade Completed (June '09) _____

I voluntarily waive any claim against the sponsoring institution, local churches and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of the above organization. I consent to the use of photographs of my child in camp publications.

Camper Signature _____ Parent Signature _____

Please be sure to complete both Registration and Health History forms.

.....
Registrar Use Only

Total Due \$ _____ Deposit \$ _____ Date _____

Parent Health Form

Church/Org Insurance Card