

Round Lake Christian Assembly Creation Retreat  
Registration Form  
March 19-20, 2010

Personal Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade Level \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Home Church \_\_\_\_\_

Financial Information

<input type="checkbox"/> <b>Complete Retreat</b>	<b>\$ 42 Postmarked before 2/19</b> <b>\$ 46 Postmarked after 2/19</b> <b>\$ 50 Walk-in</b>
<b>Check-in 6:00 p.m. at the Lodge</b> Snacks will be served later in the evening.	

*Round Lake Accepts Checks, Cash, Visa, Master Card
*Make Check Payable to: Round Lake Christian Assembly
*No Refunds
*Mail Check and Registration to: Round Lake Creation Retreat 114 State Route 3 Lakeville, Ohio 44638

**All Creation Retreat Call-in Registrations will be Charged to your Credit Card**

For Credit Card Payment, Please Print Name _____
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<input type="checkbox"/> Visa <input type="checkbox"/> Master Card
Amount to be Charged to Credit Card \$ _____

Credit Card #     -     -     -

Expiration Date as Shown on Card \_\_\_\_/\_\_\_\_/\_\_\_\_

Verification Number (located on back of card, last 3 digits on signature section)

Signature of Card Holder \_\_\_\_\_

Address \_\_\_\_\_

STREET CITY STATE ZIP

Card Holder's Contact Number (\_\_\_\_) \_\_\_\_\_

## **Risk of Injury—Waiver of Liability**

- I hereby give permission for my child to participate in recreational and learning activities and to be bound by all camp policies in force.
- I desire that my child participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of various ages may subject my child to a risk of injury.
- I, therefore, release the camp from any responsibility other than normal supervision and care. In case of accident, I will not hold Round Lake Christian Assembly, its staff, management, faculty, volunteers, or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to my child.
- In Case of Emergency: I hereby give permission to the physician selected by the camp management or dean to secure proper treatment for my child as named on this card. Doctor calls, treatment, or hospitalization are to be charged to our family insurance or to me personally.
- I understand that Round Lake Christian Assembly and its staff shall not be held responsible for any articles lost, stolen, or left at the camp.

Signature Required of: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

\_\_\_\_\_  
(Print Name)

Health Insurance Co. \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Family Physician City \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

I attest that \_\_\_\_\_ is in good physical condition and is able to participate in all retreat activities.

Exception: \_\_\_\_\_