

Round Lake Christian Camp
Pre-Teen Boys Retreat
February 2-3, 2018
Student Registration Form

Name _____ Birth Date _____ Grade Level _____ Female Male

Address _____ City _____ State _____ Zip Code _____

Cell Phone (_____) _____ Home Phone (_____) _____ Email _____

Home Church _____ Attending Retreat With (leader) _____

RISK OF INJURY – WAIVER OF LIABILITY

- I hereby give permission for my child to participate in recreational, swimming (seasonal) 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.
- 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.
- If a program activity is planned for the particular camp session of the child listed on this registration card, or medical care is necessary for my child or the child under my (care), I hereby give permission for Round Lake Christian Camp to transport said child off camp property for a program activity or medical treatment. In addition I will hold Round Lake Christian Camp harmless should personal injury, illness, accident, damage, wrongful death, expenses, or other loss caused, suffered, or incurred to said child during, or arising out of, said child's participation in an off camp activity or medical care treatment including but not limited to travel incident thereof.
- 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 Camp, 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.
- I understand that Round Lake Christian Camp and its staff shall not be held responsible for any articles lost, stolen, or left at the camp.
- I understand and authorize that my child's image may be used in publicity materials (photos, video, quotes) for Round Lake Christian Camp.

Meds & Medical Info. _____ More space on back

Signature _____ Date _____

[Emergency Contact] Printed Name _____

Relationship to student _____ Cell Phone (_____) _____

Choose one of the following:

\$46 Retreat Fee for Student
(\$56 postmarked after 1/26/18 or walk-in)

Full Tuition due with Registration Form

*Round Lake Accepts Checks, Cash, Visa, Master Card, and Discover

*Make Check Payable to: Round Lake Christian Camp

*No Refunds

*Mail Check and Registration to:
Pre-Teen Boys Retreat
114 State Route 3
Lakeville, Ohio 44638

For Credit Card payments - Fill Out Required Information Below

Please Print Name on Credit Card

Visa Master Card Discover
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 _____

Card Holder's Contact Number (_____) _____