

# Round Lake Christian Camp

## 2019 Men's Dinner: Patriarchs, Come Forth

May 3, 2019

Cost: \$25

**Speaker:** Dan Smith

**Worship:** The Bean Boys

**Check-In & Steak Dinner:** 4:30-6:30 pm

**First Session:** 6:30 pm

### Participant Information

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Are there any food allergies or any other medical conditions we should be aware of? \_\_\_\_\_

### Liability and Medical Consent **(Please Sign)**

I hereby give permission for all participants listed on this registration to participate in recreational, swimming and learning activities and to be bound by all camp policies in force. I deem all participants listed on this registration qualified in good health, proper physical condition and desire that these participants participate in the full range of camp activities and acknowledge the natural conditions of camp activities and the interaction with other participants of various ages may subject participants to a risk of serious injury.

Consent of Medical Treatment: I hereby authorize the management of Round Lake Christian Camp and its representatives consent to any necessary examination, diagnosis, surgery or treatment and/or hospital care to be rendered to participants as named on this form under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. I accept all financial responsibility for the medical treatment of the participants named on this form.

If a program activity is planned for the particular camp session of the participants listed on this registration card, or medical care is necessary for my participants or the participants under my (care), I hereby give permission for Round Lake Christian Camp to transport said participants off camp property for a program activity or medical treatment. In addition, I will hold Round Lake Christian Camp and its representatives harmless should personal injury, illness, accident, damage, wrongful death, expenses, or other loss caused, suffered, or incurred to all participants listed on this registration during, or arising out of, said participants' 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 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 participants listed on this registration.

By signing this I acknowledge that I have read and agree to the Waiver of Liability and Medical Consent statements above.

### Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Registration Fee: \$25 if postmarked by Friday, April 26. **A \$10 late fee will be added starting on April 27.**

\*Round Lake Accepts Checks, Cash, Money Order, Visa, Master Card, American Express and Discover.

\*No Refunds. Full tuition is due with registration form.

\*Make checks payable to Round Lake Christian Camp. Mail payment and registration to:  
Round Lake Christian Camp  
Attn. Men's Retreat  
114 State Route 3  
Lakeville, OH 44638

### FOR CREDIT CARD PAYMENTS – FILL OUT REQUIRED INFORMATION BELOW

Amount to be Charged to Credit Card \$ \_\_\_\_\_ Please Print Cardholder Name on Credit Card \_\_\_\_\_

Credit Card #     -     -     -

Expiration Month & Year as Shown on Card \_\_\_\_/\_\_\_\_

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

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

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

You may also register online at [www.roundlake.org](http://www.roundlake.org).