Round Lake Christian Camp

2019 Spring Keenager's Retreat: Standing Firm

Date: April 9 Speaker: Jim Borton Music: GO(Boys): Jim Gindlesberger & Craig Ott

Check-in will run from 9:15-10:30 am with a hot breakfast in the Dining Hall. You are NOT required to arrive at 9:15 to check-in. Rather, you may arrive anytime between 9:15-10:30 am for check-in. Retreat ends at 4:30 pm with a banquet.

Participant Information		
Full Name		Date of Birth
Address		
City	State	Zip Code
Phone Number ()	E-mail:	
Home Church		
List any additional family members	attending.	
Name:		
Liability and Medical Conser	nt (Please Sign)	
and acknowledge the natural conditions of camp activitie Consent of Medical Treatment: I hereby authorize the masurgery or treatment and/or hospital care to be rendered surgeon licensed to practice medicine in the United State If a program activity is planned for the particular camp se under my (care), I hereby give permission for Round Lake will hold Round Lake Christian Camp and its representativincurred to all participants listed on this registration durin limited to travel incident thereof. I, therefore, release the camp from any responsibility oth	es and the interaction with other participants of various anagement of Round Lake Christian Camp and its repres of to participants as named on this form under the gener es of America. I accept all financial responsibility for the ession of the participants listed on this registration card, e Christian Camp to transport said participants off camp was harmless should personal injury, illness, accident, dang, or arising out of, said participants' participation in an er than normal supervision and care. In case of accident or claim or cause of action against the foregoing parties, we to the Waiver of Liability and Medical Consent statemer	sentatives consent to any necessary examination, diagnosis, ral or special supervision and on the advice of any physician or medical treatment of the participants named on this form. To r medical care is necessary for my participants or the participant property for a program activity or medical treatment. In addition, amage, wrongful death, expenses, or other loss caused, suffered, on off camp activity or medical care treatment including but not tt, I will not hold Round Lake Christian Camp, its staff, managemen which may arise as a result of an accident or an injury to my
Print Name	Date/	
To register over the phone using your	r credit card, please call 419-827-201	.7 and ask for Becky (ext. 21) or Brianna
(ext. 19). You may also register online		and ask for Beekly (extr 22) or Briainia
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Payment Information (\$26 P	er Person or \$52 Per Coupl	e)
*Round Lake Accepts Checks, Cash, Money Or	rder, Visa, Master Card, American Express an	d Discover.
*No Refunds. Full tuition is due with registrati	ion form.	
*Make checks payable to Round Lake Christia	n Camp. Mail payment and registration to:	Round Lake Christian Camp Attn. Keenager'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 Cred	it 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	- · · · · · · · · · · · · · · · · · · ·	·
Card Holder's Contact Number ()		