

2018 High School Retreat Student Registration Form

November 30-December 2, 2018 at Round Lake Christian Camp (Lodge Side)

Retreat located at 2678 State Route 179, Lakeville, OH 44638.

PARTICIPANT INFORMATION

Camper's First & Last Name _____ Birth Date _____ Grade _____ Female Male

Address _____ City _____ State _____ Zip Code _____

Mom's/Legal Guardian's Name _____ Mom's/Legal Guardian's Phone Number _____

Dad's/Legal Guardian's Name _____ Dad's/Legal Guardian's Phone Number _____

Family Email Address _____ Home Church _____

Has camper been baptized? Yes No

Medical information and conditions the camp should be aware of, including food allergies or medications camper is currently on (more space on back if needed): _____

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.

BY SIGNING, I ACKNOWLEDGE AND AGREE TO ALL OF THE ABOVE:

SIGNATURE: _____ **DATE:** _____

PAYMENT – \$85 TUITION PER CAMPER (\$95 if postmarked after 11/23 or walk-on)

*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. High School 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 (_____) _____