

Round Lake Christian Camp Sr. High Retreat 2012

March 9-11, 2012

Registration Form

Name _____ Birth Date _____ Grade Level _____

Address _____

City _____ State _____ Zip Code _____ Female Male

Home Phone (_____) _____ Email _____ Home Church _____

RISK OF INJURY – WAIVER OF LIABILITY

- I hereby give permission for my child to participate in recreational, swimming 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 this I acknowledge that I have read and agree to the Risk of Injury-Waiver of Liability statements above.

Meds & Medical Info. _____ More Info on back
 Signature _____ Date _____

[Emergency Contact] Printed Name _____

Relationship to student _____ Cell Phone (_____) _____

Complete Retreat \$ 70 Postmarked by 2/29
 \$ 80 Postmarked after 2/29
 or Walk-in

*Full Tuition due with Registration Form

Check-in 6:30 pm at the Lodge
 Dinner will be served after Check-In

*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:
 Round Lake Sr. High Retreat
 114 State Route 3
 Lakeville, Ohio 44638

For Sr. High Retreat 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 \$ _____

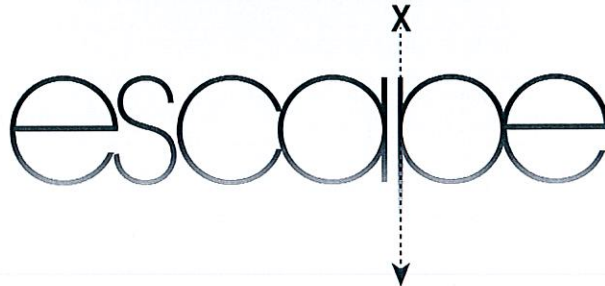
Credit Card # - - -

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 (_____) _____



DEPART from Westerville Christian Church Friday, March 9, 2012 @ 4 PM
RETURN to WCC Sunday, March 11, 2012 @ 4:30 PM

Registration/Permission Form for RLCC Sr High Retreat

My son/daughter (**circle one**) _____ (print clearly) **Grade:** _____

A guest of (if applicable) _____, has my permission to attend the above mentioned activity. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness or accident and agree to hold Westerville Christian Church harmless. By signing below, I also authorize Westerville Christian Church and it's agents to seek medical services for my child/children on my behalf.

Parent/Guardian Name (PRINT first and last name) Parent/Guardian Signature Date

() _____ () _____
Home Phone Number Cell Phone Number

Address City State Zip

Is any medication currently being taken? **Yes** **No** If so, what, how much, how often, and why?

I have filled out a church medical release for the 2012 year. **Yes** **No**

PERMISSION FORM AND \$70 REGISTRATION FEE NO LATER THAN FEBRUARY 19, 2012



Westerville Christian Church
471 E. College Ave.
Westerville, OH 43081
(614) 891-6842

2012 Parental Permission and Student Medical Release Form

_____ (student's name) has my permission to attend all officially scheduled youth group activities of Westerville Christian Church for the year beginning January 1, 2012 and ending on December 31, 2012. I the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release Westerville Christian Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate a this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member.

Today's Date

Signature of father, mother, or legal guardian

Medical Information

Current medication _____

Allergies _____

Any adverse reactions to medication _____

Family Doctor _____ Phone _____

Regular Dentist _____ Phone _____

Health Insurance Co. _____ Policy # _____

Address _____

Preferred Hospital _____

Address _____

Full name of son or daughter _____

Grade _____ Birthdate ____/____/____ Age _____

If unable to reach parent or guardian, please call:

Father/Mother or Legal Guardian

Name

Home Address

Zip

Relationship

Home or Cell Phone

Work Phone

Phone