

# 2019 Confirmation class retreat registration form

This retreat is intended for churches whose confirmation classes will attend as a whole group. Before offering this class to their students, pastors are asked to contact Camp Phillip at 920-787-3202 to reserve spots for the weekend.

Parents or guardians are asked to fill out this registration form in its entirety.

The cost of this retreat is \$65. The church is asked to collect all the fees and give camp just one check made out to "Camp Phillip."

Hand in the registration form and the money for the retreat to your pastor. The Camp Phillip staff need an accurate number of participants to prepare lodging, meals and programming options.

Information on transportation will be provided by your pastor.

Has camper attended Camp Phillip before?  Yes  No

Camper's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex (circle one): Male Female

Parent/guardian's last name \_\_\_\_\_

First name--Male \_\_\_\_\_

First name--Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone (with area code) \_\_\_\_\_

Church name \_\_\_\_\_

Church city \_\_\_\_\_

**This Medical information and liability section must be signed by a parent or guardian.**

I give my permission for my child, \_\_\_\_\_, to attend this retreat.

In the event of an emergency I give permission to the holder of this form to consent to any medical treatment or hospitalization deemed wise by a licensed physician or emergency team. I also agree to be liable for any and all costs involved in such emergency treatment.

Be advised that my child has the following physical ailments, allergies, recent injuries, emotional or behavioral disorders, heart condition and/or takes the following listed medicine:

The parent/guardian of the applicant assumes full responsibility for the applicant's health being such that camp activities will in no way aggravate any conditions present. If in doubt, please seek medical advice.

I understand that there are inherent risks involved in outdoor activities which are beyond Camp Phillip's control and I agree to personally assume such risks. I release from any liability Camp Phillip, the church and staff sponsoring this retreat in the event of any accident en route, during or returning from this event.

I give permission for my child to be photographed for use in Camp Phillip's promotional efforts or store sales.

My signature below affirms that the statements on this form are true and understood.

Parent's signature \_\_\_\_\_

Health insurance carrier \_\_\_\_\_

Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

Phone number \_\_\_\_\_

Policy number \_\_\_\_\_

Date signed \_\_\_\_\_