

# 2020 Teen retreat registration form

Please print clearly. Mail this form with total payment to:

Camp Phillip teen retreat  
W9944 Buttercup Ave  
Wautoma, WI 54982-7032

Check which retreat you are attending:

- January 3rd-5th
- April 17th-19th
- October 23rd-25th

Have you attended Camp Phillip before?  Yes  No

Name \_\_\_\_\_

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

Grade \_\_\_\_\_ Year of high school graduation \_\_\_\_\_

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

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

Address \_\_\_\_\_

City \_\_\_\_\_

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

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

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

Roommate choices \_\_\_\_\_

Church name/city \_\_\_\_\_

**Retreat cost--Full payment for teen = \$71** \$ \_\_\_\_\_  
(\$61 if you are Camp Phillip Junior Staff)

**Retreat cost--Full payment for adult leader = \$35** \$ \_\_\_\_\_

**Late registration** (less than 10 days before retreat) = \$5 \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**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 medication:

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_