**WOMEN’S CAMP REGISTRATION FORM**

**LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_**

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTS NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOOD ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILDREN:**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX: M/F AGE:\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX: M/F AGE: \_\_\_\_\_\_\_\_**

**REGISTRATION FEE: A NON-REFUNDABLE REGISTRATION FEE OF $150 IS REQUIRED AT TIME OF REGISTRATION.
*THE $150 REGISTRATION FEE GOES TOWARDS THE CAMP FEE. REFUNDS WILL BE GIVEN AT THE DISCRETION OF THE CAMP DIRECTOR.*PERSONAL PAYMENT: $\_\_\_\_\_\_\_\_\_\_\_\_ CHURCH WILL PAY: $\_\_\_\_\_\_\_\_ NAME OF CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 ADDRESS OF CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
CHURCH PAYMENT: $\_\_\_\_\_\_\_\_\_\_\_\_ (ENCLOSED WITH REGISTRATION)
TOTAL ENCLOSED: $\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECOND CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSURANCE CARRIER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The person herein described has permission to engage in all camp activities. In the event that I cannot be reached immediately in an emergency, I hereby give permission to the physician or hospital selected by the camp to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child named above. I hereby give permission to the assigned camp staff to administer any over-the-counter medication or prescribed medications that I have furnished in required doses. I give permission for camp staff to take photos/videos of my child for camp promotion.

In consideration of the opportunity to participate in camping activities at Placerville Camp, operated by the South Dakota Conference of the United Church of Christ, I do hereby for myself and, if signing the release as a parent or guardian, on behalf of such child or ward, freely and voluntarily waive any right or cause of action of any kind whatsoever arising as a result of such camping activity from which any cause to me, my child, or ward, as the case may be, and do specifically release the Conference, its agents, officers, employees and volunteers from all liability of any kind on account of loss, injury, damage or death that may be suffered in connection therewith, including transportation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_