

2008 REGISTRATION FORM

Outdoor & Retreat Ministries • 200 Stam Street - Williams Bay, Wisconsin 53191

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All camps are available to all, regardless of race, color, religion, national origin, sex, age, or handicap. Please complete both the Registration and Health forms when registering for your camping experience.

A REGISTRATION FORM NEEDS TO BE FILLED OUT BY EACH PARTICIPANT

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Birth Date ____/____/____ Age at Camp ____ Grade Entering in the Fall ____ Gender M F

Parent Name _____ Work Phone _____ Cell Phone _____

Church Name _____ Pastor _____ Church ID# _____

Address _____

City _____ State _____ Zip _____

Please enroll me for:

Camp Title (1st choice) _____ Date of Camp _____

Camp Title (2nd choice) _____ Date of Camp _____

Cost of camp \$ _____ Amount enclosed \$ _____

Make checks payable to *Outdoor & Retreat Ministries*. A \$50.00 non-refundable deposit is required at time of registration. We welcome full payment.

When using a credit card, full payment is required. Please check one of the following:

Discover MasterCard Visa Card No. _____ VISA/MC 3 Digit ID _____ Exp. Date: Mo. ____ Yr. ____

Name of Friend I am Sponsoring _____

(For the discount, READ "BRING-A-FRIEND" conditions on inside back cover of brochure carefully)

Cabin Mate Requests. List only two cabin mates below. *We cannot guarantee placement.*

1) _____ 2) _____

My child may be released to only these people at the end of camp. Please list a maximum of two names on the lines below.

1) _____ 2) _____

Parent's Consent & Medical Release: My signature below indicates the above named camper has permission to engage and participate in all camp activities both on and off the campgrounds under supervision, unless limitations are noted on the signed Health Form, and I agree that the camp or camp personnel will not be held responsible for accidents arising there from. I recognize and acknowledge that camping activity can involve certain hazards, including, but not limited to, illness, injury and accidents, and release The Northern Illinois Conference from liability. I GIVE PERMISSION FOR:

- Standard medical treatment according to Camp Standing Orders
- Emergency medical treatment in the case that I cannot be contacted, including ordering of x-rays or routine tests
- If parent/guardian cannot be reached in an emergency, permission to use physician selected by the camp and to secure and administer treatment including hospitalization, including injection, anesthesia, and/or surgery
- Administering physician prescribed medications
- Release of information for insurance purposes
- Transportation for scheduled off-site events
- Photocopying of health history form for scheduled off-site events
- Photos, Video and Voice to be used in future promotional materials
- Camper's name, address, phone and e-mail address to be included in camp address list

→ Signature _____ Date ____/____/____

Signature of Camper (IF AGE 18 OR OLDER) or Parent/Guardian • REQUIRED

For additional information, call us at 1-800-642-2267 or email us at orm@niccamp.org

SCHOLARSHIP FORM

What camping experience have you participated in prior to this event? _____

Is your local church willing to assist you in making it possible for you to attend this camp? Yes No

Amount contributed by the camper/family \$ _____ Local Church Contributions \$ _____

Pastoral Assessment (required) of financial need:

→ Signature of Pastor _____ Phone (____) _____

Please attach description of financial need to this form.