

2008 Spring-Fall Retreat Form Christian Church Capital Area

Retreat Name _____ **Start Date** ___/___/08
(Chi Rho Spring, CYF Spring, CYF Fall, Chi Rho Fall, Girl's Retreat, etc.)

Participant's Information – Please Print All Entries

Name _____ **Sex** M / F

Grade (Fall 2008) _____ **Birth Date** ___/___/___

Street Address _____

City _____ **State** ___ **Zip** _____

Parent/Guardian Name _____

Parent/Guardian's E-mail _____

Camper's E-mail _____

Home Phone (_____) _____ - _____

Work Phone (_____) _____ - _____

Parents' Cell (_____) _____ - _____

Camper's Cell (_____) _____ - _____

Church Name _____

Sponsoring Minister's _____

Signature _____

Medical Information – Please Print All Entries

Emergency Contact Person _____

Emergency Phone #s _____

Medical Insurance Provider _____

Policy # _____

Do You or Family Members Attending (yes/no):

- ___ Have any health problems?
- ___ Expect to have any difficulty with normal event activities?
- ___ Under a physician's or psychologist's care?
- ___ Require handicapped facilities?
- ___ **Have any food or other allergies?**
- ___ Take medication?

If "YES" To Any of These Questions, Explain:

Detail Any Special Medical or Other Concerns

(if more room is needed, please attach a sheet to this form)

(Attach separate letter if more space is required for Health. Info.)

See "2008 CCCA Camp and Conference Program-Fee Guide" for event rates. To ensure your registration, your completed **application** and **entire fee** must be received **NO LATER** than the April 1 deadline for Spring Retreats and the Sept 1 deadline for Fall Retreats.

Fees Due For This Camp/Conf. => \$ _____

How are your fees going to be paid (i.e., by whom):

*Participant (Self/Parent) _____ \$ _____

*Church _____ \$ _____

*Other (Explain) _____ \$ _____

+ Add'l Gift to Camper Scholarship Fund \$ _____

= Camp/Gift Fees Balance Due \$ _____

>>Payment Enclosed Now = \$ _____ see below

To ensure that your event registration is not cancelled, your complete **application** and **entire fee** must be received **NO LATER** than the official cut-off deadline.

For information & cut-off dates call: **301-942-8264** or **1-877-942-8266** or visit the CAMPS page at www.cccadisciples.org

Please mail this form with your payment **prior** to the event to:

"Camp & Conference Program"

Attn: Registrar, CCCA Regional Office

11501 Georgia Avenue, Suite 400, Wheaton, MD 20902

Liability Statement

In signing this application, I certify that the above information is complete and correct. I give my permission for the release of medical records in the event that I or my minor family member requires medical attention. In the event of a medical emergency, I understand that every effort will be made to contact my family, but in the event that a family member cannot be reached, I hereby give permission to the physician selected by the Event Director to hospitalize, secure prompt treatment for, and order injection, anesthesia, or surgery for myself and my family attending the activity identified above. I give my permission for my minor family member attending the above activity to be a passenger in a vehicle driven by an adult Camp Counselor or Director for sponsored outings, and for the use of photos of me or my family members in camp program publicity materials. I will not hold the Christian Church Capital Area, the event sponsors, the event staff, the Event Director, event location staff, nor other agents who serve on behalf of the CCCA, responsible for accidental loss or injury to me and/or my family. I also understand that I as well as my family will be held responsible for any property damage caused by me or a member of my family.

Signatures

Participant _____

Date _____

(For all Campers under the age of 18)

Parent/Guardian: _____

Date _____