

**2010 Spring-Fall Retreat Form  
Christian Church Capital Area**

Retreat Name \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/10  
(e.g., Chi Rho Spring, CYF Spring, CYF Fall, Chi Rho Fall, etc.)

**Participant's Information – Please Print All Entries**

Name \_\_\_\_\_ Sex M / F

Grade (Fall 2010) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian's E-mail Address \_\_\_\_\_

Camper's E-mail Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parents' Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Camper's Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Service Provider:  Verizon  Sprint  AT&T  TMob.  Other

**Church Name** \_\_\_\_\_

**Sponsoring Minister's  
Signature** \_\_\_\_\_

**Emergency Medical Information – Please Print All Entries**

Alternate Contact Person \_\_\_\_\_

Alternate Contact Phone # \_\_\_\_\_

**Medical Insurance Provider** \_\_\_\_\_

**Policy #** \_\_\_\_\_

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

(If "YES" To Any of These Questions, Please Explain Below)

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

**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 "2010 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.

This section must be completed in full.

**Fee Due For This Camp/Conf. =>** \$ \_\_\_\_\_

How is your fee going to be paid (i.e., by whom):

\*Participant (Self/Parent) \_\_\_\_\_ \$ \_\_\_\_\_

\*Church \_\_\_\_\_ \$ \_\_\_\_\_

\*Other (Explain) \_\_\_\_\_ \$ \_\_\_\_\_

**+ Add'l Gift to Camper Scholarship Fund** \$ \_\_\_\_\_

**= Total of Camp Fee & Gift 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](http://www.cccadisciples.org)

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

**"Camp & Conference Program"**  
Attn: Registrar, CCCA Regional Office  
8814 Kensington Parkway, Suite 208, Chevy Chase, MD 20815

**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** \_\_\_\_\_