

Fall Assembly November 19-21, 2010

PLEASE PRINT

Last name _____ First _____
 Sex M or F (circle one)
 Birth Date: ____/____/____ (MM/DD/YY) Grade _____
 Street Address: _____ Email: _____
 City: _____ State: _____
 Zip: _____
 Home Phone: (____) _____ Work Phone: (____) _____
 Emergency Contact: _____
 Relationship to participant: _____
 Home Phone: (____) _____ Work Phone: (____) _____
 Home Church _____

HEALTH INFORMATION

General Health Condition: ___ Excellent ___ Fair ___ Good ___ Poor
 Person Responsible for Insurance Coverage: _____
 Health Insurance Carrier: _____
 Policy # _____ Group #: _____
 Insurance Billing Address: _____
 City: _____ State: _____ Zip: _____
 Personal Physician Name: _____
 Address: _____ City: _____ State: _____
 Zip: _____ Phone: (____) _____
 Recent illnesses, injuries, or surgeries (what, when): _____
 Recent exposure to contagious or infectious disease (what, when): _____

Restrictions on retreat activities: ___ None (if yes, please list) _____
 Special dietary restrictions: _____
 Medications Camper will be taking during retreat: (Describe on separate paper if needed)
 Allergies: _____
 History of or presently under the care for: ___ Heart Condition ___ Arthritis
 ___ High Blood Pressure ___ Bronchitis ___ Appendicitis ___ Low Blood Pressure
 ___ Hernia ___ Skin Ulcer ___ Digestive Disorder ___ Skin Disease ___ Fainting
 ___ Nervous Disorder ___ Exhaustion ___ Asthma ___ Epilepsy/Seizures
 ___ Diabetes/Hypoglycemia ___ Tonsillitis ___ Athlete's Foot Other: _____
 Subject to: ___ Fainting ___ Headache ___ Sleepwalking ___ Sore Throat
 ___ Cramps ___ Cold/Pneumonia ___ Stomach aches ___ Hyperactivity ___ Ear aches
 ___ Exhaustion ___ Tooth aches ___ Nosebleeds ___ Other: _____

(For Center Use Only)

Church #: _____ Cluster #: _____ Date Rec'd: _____ Date Canc: _____
 Amt. Enclosed: _____ Check #: _____ Bal. Due: _____
 Your Church and City: _____

PARENT OR GUARDIAN AUTHORIZATION

In signing this document, I hereby certify that all the information contained is correct and give permission for the use of photographs including my child to be used in publicity for the youth ministry of Christian Church in the Upper Midwest (Disciples of Christ). (Name of Participant) _____ has my/our permission to participate in camp. I/we understand that all retreat activities will be closely supervised, and that medical and/or hospital care will be given if serious illness or injury occurs. I/we understand I/we will be notified in case of serious illness or injury; and if I/we cannot be contacted, I/we give permission for emergency treatment as recommended by attending physician or dentist. I/we further release the retreat staff and the Christian Church in the Upper Midwest from responsibility and liability for any accidents or illness occurring during the retreat. I/we understand that the camp insurance coverage picks up where my/our insurance leaves off, up to the limits of the camp policy.

Signature of Parent or Guardian Date _____

RETREAT PARTICIPANT COVENANT

- I, (Print name of camper) _____ hereby agree:
1. To spend the whole weekend from beginning to end without interruption.
 2. To live by the rules, schedules, and purposes of the camp program;
 3. To live by the health, safety, and property care rules of the Christian

Conference Center;

Signature of Camper Date _____

RETURN COMPLETED FORM TO :
CHRISTIAN CONFERENCE CENTER,
5064 LINCOLN ST NEWTON IA, 50208
IF ANY QUESTIONS, PLEASE CALL:
641-792-1266

FULL REGISTRATION FEE MUST BE PAID BY November 10TH OR ADD \$25 LATE FEE.

Youth Cost is \$65.00 (Includes Cabin Stay/Food/Leadership Costs)
Adult Cost is \$30.00

Limited Hotel Rooms available this year...

Add \$25 Per person for Lodge Rooms Stays.

Total fee included = _____

