



PORTAGE LAKE BIBLE CAMP
Retreat Registration Form
Jr. High Retreat – 2017



Basic Information

Camper Name: _____ Gender: M / F
 Current Grade: _____ Birth Date: _____
 Street Address: _____ City: _____
 State: _____ Zip Code: _____
 Home Church: _____
 Parent/Guardian Name(s): _____
 Phone #: (____) _____

Emergency Contact (To be contacted if the parent/guardian cannot be reached)

Name: _____ Relationship to camper: _____
 Phone #: (____) _____

Medical Information

Allergies (including severity):

Medications (including purpose and dosage):

Special needs or concerns (including dietary restrictions):

Health Insurance Company: _____ Policy #: _____

Agreement

I give my permission for the above-named student to participate with Portage Lake Covenant Bible Camp in their 2017 Jr. High Retreat. I hereby release Portage Lake Covenant Bible Camp, its staff, and sponsors from responsibility and liability for any injury or illness that the above-named student may sustain during this retreat. In the event of an emergency, I hereby authorize an adult leader of this activity as an agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state of Michigan, either at a doctor's office or in any hospital. In the event of an emergency, expect to be contacted as soon as possible. Portage Lake Covenant Bible Camp may use comments, photos, video, etc. of the camper in its promotional materials.

Signature of Parent or Legal Guardian: _____ Date: _____