



**PORTAGE LAKE BIBLE CAMP**  
**Retreat Registration Form**  
**Trailblazer 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 Trailblazer 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: \_\_\_\_\_