

Registration for Camp Resurrección July 5-10, 2020

Cost - \$250 \$100 non-refundable deposit & Registration & Waiver due March 15th, balance due June 1st

All students currently in grades 6-12 are welcome to participate.

To be filled out by each applicant:

Name (First, Last): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Grade completed 2018-2019 school year _____

To be filled out by parents/guardians:

Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Second Parent Name (if applicable): _____

Allergies or medications _____ What would you like us to know about your child?

To be filled out by applicant:

What appeals to you about this trip? _____

What do you think will be the most challenging aspect of the trip for you? _____

List two buddies who you would like to room with – *we will do our very best to pair you with at least one.*

Youth participation is required at one or two training meetings. I will attend. initial parent _____ initial youth _____

Circle Tee shirt Size – YOUTH Small Med Large ADULT Small Med Large

Cabin Mates: Name 2 persons you would like to have in your cabin. We will try our best to pair you up with 1.

Waiver of liability for Camp Resurrección July 5-10, 2020

I GIVE MY PERMISSION FOR —please print—_____ TO ATTEND THE MISSION TRIP, July 5 -10, 2020.

In the unlikely event of an emergency, I give my permission for my child to be treated by an accredited physician in an approved emergency clinic or hospital. I therefore designate leadership of the group with the authority to act on my behalf and order appropriate treatment. I further release from any liability Church of the Holy Cross, La Iglesia de la Resurrección, St. Michael, Issaquah and any other participating churches and the adult leaders in the event of any accident in route, during and returning from the activity.

PARENT OR GUARDIAN SIGNATURE _____

Please attach copy of Medical Insurance Card front and back. _____