

Must be returned to the church by April 5th

2017 ALTO FRIO PRE-EASTER RETREAT ~ April 13th -15th
CAMPER & SPONSOR Registration & Medical Release Form – Copy as Needed

Circle: Male - Female

Name: _____ Grade: _____

Address: _____ Age: _____

City, State, Zip: _____

E-Mail: _____ Phone: _____

Church group you are coming with to camp: _____

What church do you attend? _____

I have read and agree to abide by the **Alto Frio Camper Guidelines** and will cooperate with the leaders and fellow campers.

Camper's Signature: _____

MEDICAL INFORMATION & EMERGENCY RELEASE INFORMATION

Family Doctor: _____ Phone: () _____

Date of last tetanus shot, if known: _____

Insurance Name/Policy #: _____

List below any allergies, medical conditions, or prescriptions being taken:

In consideration for your agreeing to accept the above named individual as a camper, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician chosen by the Alto Frio Administrator or his representative. I understand the twenty-four (24) hour first aid station is available. I further understand that limited secondary accident and illness coverage is provided.

I expressly understand and acknowledge that during the course of the camp photographs or video footage of my child may be taken and I hereby give permission for such photographs or videos to be used on the camp website and/or promotional materials for the camp/retreat.

Parent/Guardian's Signature: _____ Date: _____

Home Phone: () _____ Cell Phone: () _____

Other Contact Numbers: _____

Email address: _____

Circle T-Shirt Size Needed:

Youth Large Youth X-large

Adult Small Adult Medium Adult Large Adult XL Adult XXL Adult XXXL

For Church Use:

Deposit Received – Date: _____ Amount \$ _____ Cash/Ck # _____

Balance Paid – Date: _____ Amount \$ _____ Cash/Ck# _____