

Catskill Christian Assembly

Spring Retreat

May 13-15, 2016
6th - 12th grade

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Email: _____

Home church: _____

Fees: (please make checks payable to Catskill Christian Assembly)

Registration: \$35.00

Financial Info:

Retreat fee: \$ _____

Canteen cards \$ _____

Cards are \$5.00 each

Subtotal: \$ _____

Less deposit: \$ _____

Balance: \$ _____

Please return registration and payment to:

Catskill Christian Assembly

PO Box 865

Naugatuck, CT 06770

Important Info:

The retreat begins on Friday, May 13 at 5:30pm.

The retreat ends on Sunday, May 15 at 11:00am.

Catskill Christian Assembly Spring Retreat Registration

Name: _____

DOB: _____

In case of an emergency please call:

Name: _____

Phone: _____

Allergies (please include any medical, food, latex or nature allergies): _____

Please list any medical conditions: _____

Current medications: _____

Insurance company: _____

Phone #: _____

Policy Number: _____

Group Number: _____

Code of ethics:

- Campers failing to respond to the authority of all camp staff will be sent home.
- Campers who fail to abide with the camp schedule (exceptions: sickness, injury) will be dismissed.
- Campers caught stealing or pilfering through other's belongings will be dismissed.
- Unacceptable behavior will not be tolerated. Any act deemed not acceptable by CCA staff, camp dean, or camp faculty could result in dismissal.
- Any camper caught with alcoholic beverages, tobacco products, drugs or drug paraphernalia will be dismissed immediately.
- Campers who fail to treat other campers in a Christian manner may result in dismissal.

Camper's Signature _____

Date _____

Parental Consent to treatment:

I hereby give permission to Catskill Christian Assembly to provide routine health care, administer medications ordered by a physician, and seek emergency medical treatment, including ordering x-rays and/or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange for necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Catskill Christian Assembly to secure and administer treatment, including hospitalization, for the camper named above. This completed form may be photocopied for trips out of camp. I also understand and agree to abide by any restrictions placed on my child's participation in camp activities.

Parent/guardian signature

Date