

Winter Retreat Registration Form

December 31, 2009 - January 3, 2010 @ Camp Rivervale

***This retreat is for High School, College Age and older only.
Any ?'s, call Sdn. Luke Beecham, the Camp Director @ 317-460-8574.***

* Please print *

Name: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Wk:** _____ **E-mail:** _____

(If you are under 18, you MUST also have your parent/guardian fill out the Medical Release form. Over 18; the registration AND Code of Conduct.)

Retreat Registration Cost: **\$135**

Amount Enclosed: _____

Extra Donation to St. John's Camp: _____

*(Please make checks payable to: **St. John's Camp**)*

Total Amount Due No Later Than: Thursday, December 31st, 2009

*(We must limit registrations to those who have **PAID IN FULL** by this date.)*

Please mail your registrations to:

St. John's Camp Programs

Attn: Winter Retreat 2009

688 N. 750 W.

Waynetown, IN 47990

Code of Conduct Agreement

The St. John's Camp Programs Board and Staff expect all attendees to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No driving during the event unless specifically requested by the Camp Director
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No lewd or sexually provocative literature
- No men in women's sleeping quarters and no women in men's sleeping quarters
- No Radios, CD players, MP3 players etc.
- Participation with the group is expected
- Respect all camp property
- Respect one another, staff, and Camp Programs Staff
- Respect and comply with event schedules

ANY attendees who fail to comply with these expectations may be sent home at their own expense.

I, the applicant, have read the code of conduct for camp and retreat activities. I agree to abide by the stated personal limitations and code of conduct.

Applicant Signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games outdoors, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Camp Director prior to the event.

_____ has my permission to attend all camp activities
NAME OF STUDENT
sponsored by **St. John's Camp Programs (OCA)** (hereinafter the "Camp") from 12/31/2009 to 1/3/2010.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Camp and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Camp. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Camp, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Camp, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Camp Director or a designated Camp Programs Staff Member.

Parent/Guardian Signature: _____ Date: _____