

CRC RETREAT REGISTRATION FORM

Please return this form and payments to: Cherokee Presbytery, 183 West Main St. Suite A, Cartersville, GA 30120

Event: _____ **Event Dates:** _____

***** Registration Form Due 2 Weeks Before Event *****

*Please type or print in INK, one form per person and event
Parent/Guardian must fill this out, not the participant*

Participant

Name: _____ Prefers to be called: _____	
<small>Last</small>	<small>First</small>
Birth date: ___/___/___ Grade Entering _____ SS# _____ - _____ - _____ Gender: ___ Male ___ Female	
Address: _____	
<small>Street</small>	<small>City</small>
<small>State</small>	<small>ZIP</small>
Email _____	
Has camper attended Camp Cherokee before? Y / N	How many summers/retreats? _____
Name of home church: _____	

Parent/Guardian

Parent(s)/Guardian Name(s) _____	
Address: _____	
<small>(If different from above)</small>	<small>Street</small>
<small>City</small>	<small>State</small>
<small>ZIP</small>	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Pager: _____
Email _____	

Event/Price

Retreat Name _____	Retreat Date _____
*** Registration Form Due 2 Weeks Before Event ***	
Individual Payment	\$ _____ Parent Signature _____ Date _____
Church Group Discount	\$ _____ Pastor/Youth Dir. _____ Date _____
Total Cost Of Session	\$ _____ <i>Signature Required for church discounts</i>

Insurance/Health/Releases

Camper's Full Name _____ **Retreat Name/Dates** _____

Insurance Information

Please fill out **completely** and send a copy of insurance card with this form.

Is the participant covered by family medical/hospital insurance? (circle answer) YES NO

If so, indicate carrier or plan name: _____ Group #: _____

Carrier Address: _____

Carrier phone #: (_____) _____

Name of Insured: _____ Relationship to participant: _____

Social Security # of policy holder or insurance ID #: _____

Permission to Provide Necessary Treatment or Emergency Care:

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the camper named on the front of this form. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any record necessary for insurance purposes; to administer prescribed medication, and to provide or arrange necessary related transportation for the named camper on the front of this application. Payment for emergency care is parent's responsibility.

Signature of parent/guardian

Date

Allergies:

List all known. _____ Describe reaction and management of the reaction.

Restrictions: *The following restrictions apply to this camper.*

Dietary: _____

Activity: _____

Other: _____

Parental/Guardian Authorization:

- I hereby give permission for Cherokee Retreat Center to administer over-the-counter medications if the Retreat Nurse or First Aid Coordinator deems it necessary. Dosages will be administered according to directions on the package unless a physician directs otherwise.
 - **Do Not Administer The Following:** _____
- I understand that if my son/daughter smokes cigarettes or marijuana, drinks alcohol, or participates in any illegal drugs or sexual activity, he/she will be sent home immediately at the parent/guardian's expense.
- I give permission for the use of photographs or videos including my child's image in camp publicity. I give permission for the distribution of my child's mail/email addresses to camp mates.
- This health history and other information is correct and complete as far as I know, and the camper herein described has permission to engage in all camp activities except as noted. In the event of injury or illness, I/we agree to hold Cherokee Presbytery and Camp Cherokee and their agencies, subsidiaries and churches blameless.

Parent/ Guardian's Signature: _____ Date _____