

Catskill Christian Assembly

Spring Work Retreat 2020 Registration

October 9th-11th

Name: _____ DOB: _____ Age: _____

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

Home phone: _____ Email: _____

Home church: _____

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

Registration: \$50

Financial Info:

Retreat fee: \$ _____

Canteen cards \$ _____

Subtotal: \$ _____

Less deposit or full amount: \$ _____

Minimum \$25 deposit or full amount. Balance must be paid upon arrival at camp.

Balance: \$ _____

Please return registration and payment to:

Catskill Christian Assembly

PO Box 568

Baldwin, NY 11510

Important Info:

The retreat begins on Friday, Oct 9th at 5:00 pm

The retreat ends on Sunday, Oct 11th at 12:00 pm

Catskill Christian Assembly Fall Work Retreat 2020

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