

NAME:				
ADDRESS:	STA			
CITY:	STA	λΤΕ:	_ ZIP:	
CELL PHONE:				
EMAIL ADDRESS	D:			
EMERGENCY CON'	TACT: TACT PHONE #:			
Hiking - NOTE: Hanging out at	CartWalk <i>(a</i> Bringing own eq leaving ALUCC @ 8	AM or mee	t at Mohican @ 10	Jipment DAM
SLEEPING ARRAN				
CABIN	Community Bun : provide your own)		Private ro	om*
MEDICAL/DENTAL	. INSURANCE INFOI	RMATION:		
Medical Doctor:			Phone:	
Insurance Compar			P11011e:	
Insurance Compar	ny: ny Phone:			
Policy #:				
AsthmaSlee Frequent Heada SicknessVision	(please check all that ep Disturbances achesFrequent n ImpairmentH cal DisabilityMe	_Heart Prol ColdsS earing Impa	seizuresMotion airmentPhysic	n cal
If you checked any	of the above, pleas	se explain:		

ALLERGIES: Food: Insect stings/bites:	Penicillin or other drug: Poison sumac, oak or ivy:
MEDICATION: Are you currently taking prescription or	non-prescription medication?
If yes, what medication(s)?	
What is the frequency and size of the d	osages?
PUBLICITY CONSENT: On occasions, Avon Lake U.C.C. takes photographs or more children and/or adults involved in church activities. Such by staff and participants to remember the activities and audio/visual recordings may be used in Avon Lake let others know about its ministries. I hereby consent to myself as Avon Lake U.C.C. sees fit. This consent include and audio recordings.	th photographs or video records may be used d participants. In addition, such photographs U.C.C. publications or advertising materials to o the use of any such audio or visual record of
Signature	Date
RELEASE OF LIABILITY: I do hereby release, forever discharge and agree to hold Camp, the Ohio Conference U.C.C. Division of Outdoor Nany and all liability, claims or demands for personal injudamage and expenses, of any nature whatsoever which occur while said person is participating in the above dehereby assume all risk of personal injury, sickness, deal participation in recreation and work activities involved to permission is hereby given to said church to furnish an for this participant. The undersigned further hereby agree to hold harmless leaders, employees and agents, for any liability sustaining negligent, willful or intentional acts of said participant, thereto.	Ministries and the retreat leaders thereof from iry, sickness or death, as well as property in may be incurred by the undersigned that scribed retreat or activities. Furthermore, I th, damage and expense as a result of therein. Further, authorization and y necessary transportation, food and lodging s and indemnify said church, its retreat ed by said church as the result of the
Signature of Participant	Date
COSTS: \$50.00 covers your lodging, snacks, presented as a starday evening time together, everyone is a to share. PLEASE PUT COMPLETED FORM with CASH or CH	sked to bring their favorite appetizer
OFFICE USE ONLY:DATE RECEIVED F	SIDE OF THE MAIN OFFICE.