



2018 Confirmation Retreat Individual Registration Form

Name: _____ Current Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone Number: _____

Parent/Guardian Name: _____

Emergency Phone: _____

Congregation: _____ City: _____

Pastor: _____

Our child has permission to take part in all confirmation retreat activities under supervision, and we agree that the camp, or its personnel will not be held responsible for accidents arising there from. I give the camp staff permission to seek medical treatment for my child in case of injury or illness. I also give permission for the use of photographs, video, and electronic images including my child or family in camp publicity.

Yes, I would like to receive information about Rainbow Trail programs.

Parent/Guardian's Signature _____

Date _____