**SENIOR HIGH CAMP REGISTRATION FORM**

Sunday, June 30 – Friday, July 5, 2018

### ALDERSGATE CAMP & RETREAT CENTER, Greig NY

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_

 Last First

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F (circle one)

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Grade \_\_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE ANY SPECIAL DIETARY NEEDS?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If YES, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME CONGREGATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 2019 COSTS:

## $300 per camper thanks to the generous donations from the Schwartz family through Brendan’s Breakfast

Scholarships are available, please contact the registrar for more information

*\*Additional late fee of $25 after June 10*

THIS FORM MUST BE RETURNED TO THE REGISTRAR BY **JUNE 10th** WITH A DEPOSIT OF $50.00. CHECKS TO BE MADE PAYABLE TO: PRINCE OF PEACE LUTHERAN CHURCH. BALANCE MUST BE PAID BY JUNE 24th.

 Registrar: Pastor Amber Craig

# 4 Northcrest Dr.

# Clifton Park NY 12065

(518) 371-2226; pastoramber@poplutheranchurch.org

#### Parent and Youth Participant Release Statement

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for the subject of this release to be involved in the overall activities of Senior High Camp, except where indicated here:

- I/We agree that the subject of this release will attend and abide by Senior High Camp programming in its entirety.

- I/We also acknowledge that if the subject of this release has to return home early for any discipline violations, it will be at my/our expense, and the appropriate authorities will be notified if deemed necessary.

- I/We consent to the use of any video images, photographs, audio recording, or any other visual or audio reproduction that may be taken of the subject of this release during Senior High Camp to be used, distributed, or shown as the Hudson Mohawk Conference or any of its associated churches and organizations, and Aldersgate Camp deems fit.

- I/We understand that if we need to cancel our registration, a full refund will be issued on or before June 1, 2018. After this date, no refunds will be issued for non-emergency cancellations or no-shows. Emergency cancellations will be handled on a case-by-case basis.

- I/We understand that a confirmation letter will be sent soon after receipt of this form that contains further information about Senior High Camp; along with a health form required for attendance at Senior High Camp.

- I/We understand that if these forms are not completed in their entirety and returned by June 18th to the Senior High camp registrar in order to be surrendered to the Camp nurse, that the subject of this release will be refused entry to Senior High Camp.

- I/We understand all reasonable safety precautions will be taken at all times by Senior High Camp Staff, Aldersgate Camp Staff and their agents during all events and activities.

- I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk.

- I/We agree not to hold the Hudson Mohawk Conference, its staff or any of its associated churches and organizations, Aldersgate Camp, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries of any kind incurred by the subject of this release.

- I attest that the information provided is true and complete. (Please print and sign your name.)

Parent/Guardian Name & Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Youth Participant Name & Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail this completed form and your payment to the event registrar**

With a deposit of at least $50.00 (made payable to **Prince of Peace Lutheran Church**)

Pastor Amber Craig

4 Northcrest Dr.

Clifton Park NY 12065

**In order to receive the Early Bird Discount, this must be received by June 10.**

**All registrations received after June 10 will be charged the $25 late fee.**