

Bear Creek Camp's Wild Women Spring 2008

Registration Form

Name: _____ Home Congregation: _____
First Last Name City

Address: _____
Street City State Zip

Phone: () _____ () _____ E-mail: _____
Home Cell/Alternate

Medical & Emergency Information:

Special Dietary Considerations:

Allergies (medications, food, animals, etc):

Medical Conditions/injuries that may affect participation:

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

<p>I am participating in this event and all its associated activities voluntarily. Any images recorded while participating in camp activities may be used for the camp's promotion free of any claims. I agree that the person named on this form will abide by all Bear Creek Camp policies and rules.</p> <p>In the event of an emergency I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named on this form. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary transportation for me. I understand that Bear Creek Camp is not responsible for medical costs due to illness or injury while at this event and agree to cover all costs associated with any such illness or injury.</p>	<p>Registration Fees include all lodging, meals, and programming, with the exception of massages.</p> <p>Registration Fee: \$175 _____</p> <p>Early Registration Discount: _____ (\$25 if postmarked by March 24th with full payment included)</p> <p>Bring-A-Friend Discount: _____ (Bring a friend who has not been to Wild Women before and receive a \$5 discount. Please list friend's name below.) _____</p> <p>Deposit Paid: (minimum \$75) _____</p> <p>Balance Due: _____</p>
<p>_____ Participant Signature</p> <p>_____ Date</p>	<p style="text-align: center;">Office Use Only</p> <p>Date: _____ Amount: _____ Check#: _____ Date: _____ Amount: _____ Check#: _____</p>