

# Catskill Christian Assembly

## Spring Retreat Registration 2019

May 17th - 19th

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home church: \_\_\_\_\_

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

**Registration:** \$35.00

**Financial Info:**

**Retreat fee:** \$ \_\_\_\_\_

**Canteen cards** \$ \_\_\_\_\_

Cards are \$5.00 each

**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, May 17 at 5:00 pm.

The retreat ends on Sunday, May 19 at 12:00 pm.

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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.

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Parent/guardian signature

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Date