NEED TO KNOW

Check-In: Sunday, July 18th from 4-4:45 PM
Pick-Up: Tuesday, July 20th at 4 PM

$29 Deposit & Registration Form: Due July 8th
$70 Remaining Balance: Due July 18th (at time of drop off)

WE'VE GOT YA COVERED

- Meals from Sunday dinner through Tuesday lunch.
- Lodging for two nights in the Ladore Cabins.
- Water Sports including all the gear you'll need.
- Rock Climbing & Ropes Courses including all the gear you'll need.

*** Professional Instruction by Licensed & Certificated Staff will be provided for all ** Water Sport & Ropes Activities*

WHAT TO BRING

- Appropriate clothing for activities
- Bedding (sleeping bag or sheets)
- Bible (If you've got one!)
- Drinks/Snacks for the week
- Fishing Equipment
- Flashlight
- Ipod's are ok
- Sweatshirt
- Swimming Stuff
- Toiletries

*** For all ropes activities such as climbing and challenge courses close-toed shoes ** such as sneakers must be worn. Please bring clothing that is comfortable and provides free movement such as gym shorts or sweatpants*

REGISTRATIONFORM

NAME

ADDRESS

CITY/STATE/ZIP

CIRCLE ONE

MALE-FEMALE GRADE COMPLETED 8-9-10-11-12

SCHOOL & CAMPUS LIFE CLUB

PARENTS NAMES & PHONE #'s (HOME & CELL)

EMERGENCY CONTACT (NOT A PARENT) & PHONE #'s (HOME & CELL)

HEALTH INSURANCE PROVIDER POLICY # GROUP #

DATE OF LAST TETANUS SHOT:

Please list allergies, medications, special diet needs, physical limitations, program restrictions, medical disorders/diseases on a separate sheet and staple to this form.

By signing this form below I agree to attend and pay the trip balance by due date.

Additionally I give YFC/Campus Life permission for my child named above to take part in the YFC Ski Camp in Waymart PA from July18th-20th, 2010 and that he/she is permitted to participate in the entire program other than restricted activities listed above. I further agree to hold YFC harmless and to indemnify them against all losses, liabilities, suits, claims, or expenses including fines and attorney's fees due to injury or alleged injury to my child incurred in connection with this trip or transportation to and from. I also amiss the responsibility for any damages to his/her lodging caused by him.her/ In case of medical emergency, I hereby give permission to the physician selected by the leader in charge to hospitalize and/ or secure proper treatment for my child/ I understand tat in such a situation every effort will be made to contact me. I also give permission to YFC/Campus Life to use trip photos of my child for promotional purposes.

Signature of Parent or Guardian_____

Date _____

CL CAMPUS LIFE