



Office Use Only:	Pre-Reg \$ _____
# _____	Final Due \$ _____
Special Needs: _____	

gender male female _____ t-shirt size

student's name _____ going into 6 7 8 9 10 11 12
last name first name

address _____ city _____ st _____ zip _____

parents name _____ phone _____

emergency contact _____ phone _____ Day Camper \$ 60 # _____
campsite

home church _____ Over Night Camper \$ 140

Please fill everything out to the best of your knowledge so we are aware for all possibilities.

insurance co. _____ policy # _____

group # _____ insurance co. phone _____

physician _____ office phone # _____

please list any known allergies or health conditions:

please list any medications taken on a regular basis and what they're treating:
 _____ for _____

_____ for _____

Any medical conditions we should be aware of: _____

Everything in gray box is required information

The student listed above has my permission to attend Walk On Camp July 14-18, 2009.

I (We) am the parent or legal guardian of the student named above, a minor, and have given my (our) consent for him/her to attend events being organized by Walk On Camp (known as the camp hereafter). I understand that there are inherent risks involved in any ministry/camping event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the camp. I hereby agree not to sue, and release the camp, its pastors, employees, agents, counselors, volunteer workers, local board, and representatives from any and all liability, claims, damages, and costs for injury, loss, damage to person or property that may occur during the course of my/our child's involvement in events organized by the camp. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs including attorney fees which arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any of the parties or entities hereby released.

In the event that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by the camp, I agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the camp, its pastors, employees, agents, counselors, volunteer workers, local board, and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the student's health insurances. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event specified above. I also agree to bring my child home at my expense should he or she become ill or if a Walk On staff member deems it necessary.

I also agree to forgo any money paid for a given event as refunds are only given in case of emergency cancellations (i.e. death in family, illness).

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE NAMED PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Parent/guardian signature _____ Date _____

please send \$50 for pre-registration and form by June 26 to:
 Rowley Wesleyan Church :: 3720 Rowley Road :: Williamston, MI 48895

**** PLEASE MAKE ALL CHECK OUT TO WINDING CREEK CAMP ****