Just You & Me, Grandparents!, June 25-27, 2018 (Check-in: 1pm on June 25; Check-out: 1:30pm on June 27.)

Grandparents

First Grandparent: _____ Second Grandparent: _____

First Grandparent Birthday: _____ Second Grandparent Birthday: _____
MM / DD / YY *MM / DD / YY*

First Grandparent Shirt Size: S M L XL 2XL 3XL Second Grandparent Shirt Size: S M L XL 2X 3X

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Do you require a first floor room because of a physical restriction? _____

Grandchildren

	NAME	**BIRTHDAY (MM/DD/YY)**	**SHIRT SIZE (YS-YL, Adult S-3X)**
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____
Child 4	_____	_____	_____
Child 5	_____	_____	_____

Does anyone – grandparents or grandchildren – have food allergies? If so, please explain. _____

Retreat Pricing

- **Price for 1st grandparent: $200**
- **Price for each add'l grandparent: $50**
- **Price for each grandchild: $50**
- **Extra fee for a 2XL or 3XL shirt: $3**

Payment (Full payment required to register.) **Total payment:** $ _____
(grandparents' charges + grandchildren's charges + 2X/3X shirt charges)

1) Check # _____
2) Credit Card Type (Please circle): Visa MasterCard Discover Amex
3) Name on Card: _____ CC#: _____
4) Exp. Date: _____ Card Security Code: _____ Signature: _____
5) Billing Address (if different from above): _____
Address City State Zip

Medical & Liability Statement: I acknowledge that participation in camp activities involves risk to myself (or my parent/guardian if I'm a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in camp activities, I (or my parent/guardian if I'm a minor) acknowledge and accept the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. I (or my parent/guardian) accept personal financial responsibility for any injury or other loss sustained during camp or during transportation to activities, if applicable, as well as for any medical treatment rendered to me that is authorized by Hidden Acres or its employees, volunteers or any other representatives (collectively, referred to hereinafter as "Hidden Acres Christian Center"). Further, I (or my parent/guardian) release and promise to indemnify, defend and hold harmless Hidden Acres Christian Center for any injury arising directly or indirectly out of camp activities as well as transportation to activities, if applicable, whether such injury arises out of the negligence of Hidden Acres Christian Center, myself, or otherwise.

Media Statement: I hereby grant permission to Hidden Acres to record, by videotape, photograph, or other means of reproduction, the voice, image, and physical likeness of my camper and to use any such recorded material for promotional and marketing purposes, such as printed brochures, social media websites, the Hidden Acres' website and other forms of electronic publications, without further consent or compensation.

If you are in agreement with and understand the statements above, please sign below. If you do not sign below, your registration will be considered null and void, it will not be accepted by Hidden Acres Christian Center, your payment will be returned, and you will not be registered for this event.

Head of Household Signature: _____ Date Signed: _____

Submission Options

1) Mail to Hidden Acres Christian Center, 3837 Union Ave., Dayton IA 50530
2) Fax to Hidden Acres at 515-547-2752
3) Scan and email to rachelle.rasmussen@hacamps.org