Just You & Me, Dad!

May 11-12, 2018 (Check-in begins at 4pm on May 11. Retreat ends at 3pm on May 12.)

Parent Name _____ Birthday _____
MM / DD / YY

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Home Church _____ Grandpa's Name & birthday (if attending) _____
MM / DD / YY

Names and birthdays of children attending (MM/DD/YY) _____

_____

Does anyone have food allergies? If so, please explain. _____

_____

Housing Options **(Circle an option. Choice & private rooms not guaranteed. All include Friday supper–Saturday lunch.)**

1) Schlichting Inn: $50 per adult / $30 per child

2) Standard Housing: $40 per adult / $20 per child

My preferred Standard Housing: Main Lodge Welcome Center Johnson Lodge Treetopper Cabin Hickory Grove Cabin

3) Camping (Tent or RV): $30 per adult / $15 per child

Payment (Full payment required to register.) **Total payment:** $ _____
(charges for adults + charges for children)

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