

# Early Registration Form

## Memorial Day Family Camp 2019: May 24-27

*Please fill out this form. If we have your current contact information, please just fill out the name, lodging, and attendance information.*

### Registration Information

Name: \_\_\_\_\_ Spouse (if attending): \_\_\_\_\_

Your birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Spouse's birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Lodging (Memorial Day 2018): \_\_\_\_\_

Requested Lodging (Memorial Day 2019): \_\_\_\_\_  
*(choice not guaranteed)*

Address, if changed: \_\_\_\_\_

Phone, if changed: \_\_\_\_\_

Email, if changed: \_\_\_\_\_  
*(we only send registration confirmations by email)*

Children's names and birthdays (mm/dd/yy):  
\_\_\_\_\_  
\_\_\_\_\_

### Best Guess for Meals

Age: 12+ 4-11 0-3

All Meals: \_\_\_\_\_

All Brunches: \_\_\_\_\_

All Suppers: \_\_\_\_\_

Mon. Brunch: \_\_\_\_\_

*(Monday Brunch is already included as part of the all brunches and all meals packages.)*

### Waivers

**Medical & Liability Statement:** I acknowledge that participation in camp activities involves risk to myself and my family, 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 acknowledge and accept the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. I 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 or my family 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 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 myself and my family, 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.

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

### Payment

*At a minimum, the \$50 non-refundable program fee is required to register for this camp and hold your spot.*

Payment type:      Visa      MasterCard      Discover      AmEx      Check# \_\_\_\_\_      Cash

**Amount: \$** \_\_\_\_\_

*For credit cards, please either bring your card to the office to be swiped OR write your information below.*

Name on card \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_