

# Just You & Me, Mom!

April 26-27, 2019

(Check-in begins at 4pm on April 26; retreat ends at 3pm on April 27)

Parent Name \_\_\_\_\_ Birthday \_\_\_\_\_  
MM / DD / YY

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Home Church \_\_\_\_\_ Grandma'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. \_\_\_\_\_

Do you have any roommate requests (other than your children)? \_\_\_\_\_

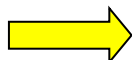
## Housing Options (Circle an option. Choice & private rooms not guaranteed. All include Friday supper-Saturday lunch.)

1) Schlichting Inn: \$60 per adult / \$40 per child

2) Standard Housing: \$50 per adult / \$30 per child

3) Camping (Tent or RV): \$40 per adult / \$25 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

Name on Card: \_\_\_\_\_ CC#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

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](mailto:rachelle.rasmussen@hacamps.org)