

Wonderfully Made Family Camp - May 30-June 2, 2019

If your family has been blessed with a child who has a special need or medical need, we would love for you to consider attending this event. If finances are a concern, don't worry! We only require a small registration fee of \$50 per family. All meals, activities, and lodging are covered! Each child with a special need will be paired with a volunteer from 8 a.m.-9 p.m. while at camp. Come for a relaxing and fun time!

- How many times have you attended Wonderfully Made Family Camp in the past?

This will be our first time. We're so excited! We have attended once before. It was a blast!

We have attended twice! Loved it!

- Primary Email *

example@example.com

- Primary Phone Number *

- Address *

Street Address

City

Zip

- How many TOTAL campers will your family have this year? *

This includes parents

- How did you hear about this retreat? *

- What church does your family attend? *

Type "None" if your family does not regularly attend church

- Emergency Contact Name *

First Name Last Name

- Emergency Contact Phone Number *

- By clicking below, I understand that my registration is not considered complete until I have paid my registration fee of \$50. (Instructions for how to submit this fee will be in your confirmation email)

I understand

- Note: This waiver covers all members of your household attending Wonderfully Made Family Camp. 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.*

(Electronic Signature)

Details about each camper

In order to better serve your family at this camp, we need a bit more information about each of your family members.

- Head of Household Name *

First Name Last Name

- Birthdate

- Does this individual have a food allergy, sensitivity, or aversion? *

Yes No

If yes, please describe: _____

- Does this individual have any drug allergies? *

Yes No

If yes, please describe: _____

- Does this individual have any other allergies (seasonal, etc.)? *

Yes No

If yes, please describe: _____

- What size t-shirt would this person prefer? *

- Does this individual have any special needs? *

Yes No

If yes, please describe: _____

- Please explain any pertinent medical information for this individual that hasn't been mentioned elsewhere? *