

REGISTRATION

Name _____

Address _____

City _____

State _____ Zip _____

Birthdate _____ Age _____

Male/Female

Attending Church Y/N
Where? _____

Register

___ GRIT Men's Retreat

Fee

\$45

Roommate: Roommates must be requested at time of registration and must request each other for the request to be considered. Please Note: Requested roommates are not required.

Roommate #1 _____

Roommate #2 _____

\$25.00 DEPOSIT/per person, must accompany this form. The balance is due upon arrival. This fee is not transferable or refundable unless there is no room in the camp. Your registration provides Riverside Bible Camp the authorization to use photos and videos of you and registered group for promotional purposes.

HEALTH INFORMATION

Health History:

Asthma Y N Sleepwalking Y

Medical Conditions: _____

Do you take daily medications? Y N

Allergic to:

Insect Stings Y N Penicillin Y N

Other Drugs: _____

Foods: _____

Are immunizations up to date? Y N

Insurance Information:

Company _____

Policy # _____

Emergency Contact #1:

Name _____

Phone _____

Cell _____

Relationship _____

Emergency Contact #2

Name _____

Phone _____

Cell _____

Relationship _____

Liability: In case of emergency, I understand that every effort will be made to notify the emergency contacts as listed above. In the event that they cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

Signature _____

Date ____/____/____

PAYMENT OPTIONS

REQUIRED

\$25.00 Deposit (non-refundable) \$ 25.00

() Deposit will be paid using the Pay Pal option on the camp website. (If payment deposit is not paid, camper is not officially registered for camp.)

OPTIONAL:

() Camp fee enclosed (\$20—less \$25.00 deposit): \$ _____

() I will pay balance in full using the Pay Pal option on the camp website \$ _____

Total Enclosed: \$ _____

If not paid prior to the start of camp, balance is due upon arrival.

Checks/payable to Riverside

OFFICE USE ONLY:

REG. RCVD _____

DEPOSIT _____ C/# _____

CAMP FEE _____ C/# _____

SPECIAL NOTES

RIVERSIDE BIBLE CAMP

6355 County Road DD Amherst, WI 54406

HEALTH CHECK-IN

CAMP USE ONLY.

Do not write in this section. This section will be filled out by the camp nurse on site at the time of check-in.

EXAMINATION:

TEMP. _____

LUNGS _____

THROAT _____

EYES _____

EARS _____

Comments:

CHECKED BY: _____

DATE: _____

Health History:

Medical Conditions:

Medication

Dosage

_____	_____
_____	_____
_____	_____
_____	_____

CHECKED BY: _____

DATE: _____