

2010 Teen Retreat Registration

This form must be completed and signed in order for your child to attend camp.

Name _____

Address _____

City _____

State _____ Zip _____

Birthdate ____/____/____ Boy Girl

Parents/Guardians with whom you live:

Father _____

Mother _____

Home Phone() _____

Work Phone () _____

Cell Phone () _____

Church you attend _____

Church address _____

City/State/Zip _____

The cost for the retreat is \$45.00.

Medical Information

Any Medical Conditions the Camp Should be Aware of:

Emergency contact: _____

Authorization: In case of medical emergency, I hereby authorize New Life Island camp staff to obtain emergency medical treatment for the child named on this form. I certify that my child is in good health and is able to participate in the camp program. I hereby give permission for my child to attend camp and to participate in all camp activities including high and low ropes, and canoeing and tubing done in conjunction with Bucks County River Country. I also give permission for my child's picture and/or digital image to be used for camp promotional purposes.

Signature of Parent or Guardian

Date

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