
Participant Information

One participant per form. Adult participants must complete their own form.

First name:		Last Name:			
Address:					
City:		State:		ZIP:	
Birth date (mm/dd/yyyy):		Grade Entering:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Custodial Parent:		Parent's email:			
Parent's phone:		Parent's mobile:			
Emergency contact: (Other than parent)		Contact's phone:			
Church name:		Church city:			
Cabin/room mate:		Swimming ability:			
T-Shirt Size:	Youth: <input type="checkbox"/> YM <input type="checkbox"/> YL Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL				
All participants will be pre-assigned to cabins/rooms. One cabin mate request per participant please. Cabin/room mates must request each other. Requests will be honored as space allows.					

Medical Information

Allergies:					
Prescription medications:					
Physical restrictions:					
Date of last Tetanus shot (mm/dd/yyyy):					
Doctor:		Doctor's phone:			
Insurance Plan Name:		Group Name:			
Policy Number:		Group Number:			

Camp/Program Selection

Camp/program name:	Start date:	Option, if any:

Financial Information

Program Fee:		Credit Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
Paid by Church:		Credit Card No:			
Amount enclosed:*		Expiration Date:		Code:	
Balance due on or before first day of program:		Cardholder's Signature:			
If paying by check, please provide the check number:					
*Please send at least a \$50.00 non-refundable registration fee for each camper, unless fees fully paid by church. This fee will be deducted from total fees.					

Participation Release

By signing below, I acknowledge and accept the programs of Geneva Center and accept the risks of physical injuries associated with the activities provided. In the event that medical care is necessary, I give permission to the medical personnel selected by the Director to order x-rays, routine tests, treatment, to release records necessary for insurance purposes, to provide or arrange necessary related transportation, and in the event that I cannot be reached in an emergency, I give permission to the physician selected by the Director to secure proper treatment (including hospitalization) for my child named above. I understand that medications may or may not be dispensed by a licensed nurse. I also give Geneva Center permission to use any images (photo, video, etc.) of the above camper for promotional materials.

Participant's Signature		Date Signed
Signature of Parent or Guardian	Relationship to Participant	Date Signed

Please include payment info and mail to:

Geneva Center
5282 N Old US 31
Rochester, IN 46975-7382

Please contact our office at 574-223-6915 with any questions. Upon receipt of your registration we will send a confirmation letter along with other information to make getting ready for camp easier.

Thank you and we look forward to seeing you soon!