

## Camper 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 Completed:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Custodial Parent:		Parent's email:			
Parent's phone:		Parent's Cell:			
Emergency contact: (Other than parent)		Contact's phone:			
Church name:		Church city:			
Cabin/room mate:		Swimming ability:	None	Fair	Great
T-Shirt Size:	<b>Youth:</b> <input type="checkbox"/> YM <input type="checkbox"/> YL <b>Adult:</b> <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: food and medical			
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:

**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 2 weeks prior to the start of camp:		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. A camper will not be considered registered until this fee is received. This fee will be deducted from your camp total. Total Balance needs to be paid 2 weeks prior to the start of your camp.					

**Participation Release**

By signing below, I acknowledge and accept the programs at 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 Geneva Center Operations Manager 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 Geneva Center Operations Manager 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 Inc.**  
**5282 N Old US 31**  
**Rochester, IN 46975-7382**

Please contact our office at 574-223-6915 or email [cathy@genevacenter.org](mailto:cathy@genevacenter.org) with any questions. Upon receipt of your registration you will be sent a confirmation notice. Camp information is located at our website: [www.genevacenter.org](http://www.genevacenter.org)

Thank you and we look forward to seeing you soon!