

ATMOSPHERE

REGISTRATION FORM

Pitch 'n Praise

please return the completed form to your youth leader

Pitch 'n Praise - May 16-19, 2014 - Braeside Camp, Paris, Ontario

Group Info

Church/Group Name _____

Youth Leader Name _____

Personal Info

Name _____ Student _____ or Sponsor _____

Date of Birth ____M/____D/____/Y Health Card # _____

Address _____

City _____ Postal Code _____

Phone _____

Allergies _____

Medications Being Taken _____

Physical disabilities or limitations _____

Are vegetarian meal options required? Yes _____ No _____

Name of Family Physician _____ Phone _____

Retreat Fees

choose one rate

- Regular Rate** (form and money to your youth leader before April 25/14).....\$110.00
- Late Rate** (form and money received on or after April 25/14).....\$135.00
- Partial Weekend Rates** (to be worked out with your youth leader).....\$_____

Make cheques payable to the church or group you are coming with.

Student Agreement

To keep Pitch & Praise enjoyable for everyone, we have a few simple rules for you to follow:

1. Be respectful of others and their property. If you break something, you pay for it.
2. Alcohol, drugs, firecrackers, and weapons of any kind are not permitted on the campground.
3. Be back in your area of accommodation and quiet by lights out.
4. Do not leave the grounds without permission from your youth leader.
5. If using the skate park at the camp, you must have a signed waiver form and you must be wearing a helmet. Waiver forms may be downloaded from our website.
6. Please leave your valuables at home. We cannot be responsible for lost or stolen property.

I have read the above Cooperation Agreement and agree to abide by it. I understand that if I do not abide by these standards, my parent(s)/guardian(s) will be notified and I may be sent home. I also agree that any photos taken of me by event staff may be used for promotional purposes for the event.

Student Signature _____

Parental Agreement

I give my permission for the above named student to join the Pitch 'n Praise retreat and to participate in all group activities. In the event of an emergency, I hereby authorize the leaders of the group with whom my child is attending this retreat, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Ontario where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible in this event. I understand that if this student is in serious breach of the cooperation agreement, I may be required to pick him/her up from the camp immediately. I also agree that any photos taken of my student by event staff may be used for promotional purposes for the event.

Signature of Parent or Guardian _____

Date Signed _____