



Catalyst Winter Camp 2017 Registration Form

PLEASE COMPLETE ALL FIELDS and RETURN to Jacob Morgan by Wednesday, November 16th.

First and Last Name:		<input type="checkbox"/> January 27-29, High School Weekend <input type="checkbox"/> February 3-5, Middle School Weekend #1 <input type="checkbox"/> February 10-12, Middle School Weekend #2	
Requested Adult T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> 2XLarge <input type="checkbox"/> 3XLarge <input type="checkbox"/> 4XLarge			
Birth Date: / /	Student Grade:	OR <input type="checkbox"/> Leader	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Parent/Guardian First and Last Name(s):			
Address:	City:	State:	Zip:
Phone: () -	Emergency Contact:	Emergency Contact Phone: () -	
Parent/Guardian OR Leader Email:		<input type="checkbox"/> I'd like to receive the Catalyst e-newsletter	
Church/Group attending with:	<input type="checkbox"/> I am actively involved in a local church: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the church:		
Please list all special health considerations that we need to be made aware of (food, drug or dye allergies; medications currently taking; injuries; and emotional/behavioral conditions):			

Cost per Student: \$100 Please give registration form and make all payments to church or group attending with. **Need financial assistance?** Download scholarship application at CatalystCamps.org.

Student Medical and Media Release Form: I understand that there are certain dangers inherent in the programs and activities at Cedar Lake Ministries (CLM). Participation in all of these activities is on a voluntary basis only. I give my child permission to participate in these activities. In consideration of participation in these activities, I do hereby release and forever discharge CLM, its officers and directors, and its employees, agents, and any parties volunteering on behalf of CLM including the activity site owner and operator, from all causes of action, injuries, claims, damages, costs or expenses of any kind, growing out of or related to recreational activities in which my child participates; regardless of whether such injury or damage results from the negligence of the Owner (including Owner's agents, employees and representatives) or otherwise. I give my permission to the CLM to provide routine health care, administer prescribed medications, and seek emergency medical treatment if necessary. I understand that every effort will be made to contact me prior to any treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by CLM to secure and administer treatment, including hospitalization, for my child. I hereby release CLM and the camp nurse or first responder on duty, and/or Cedar Lake Ministries' staff from any or all complications arising from administering necessary medical treatment. I also consent to having my child's photograph and/or video used in future promotional material. By signing, I certify that the preceding information is true and accurate to the best of my knowledge. Furthermore, I confirm that I have read the above, agree to, and understand it completely.

Parent/Guardian Signature (if student is less than 18-years-old): _____

Parent/Guardian Name Printed: _____ **Date Signed:** _____

Cost per Leader: FREE! Please give registration form and make all payments to church or group attending with.

Leader Medical and Media Release Form: I understand that there are certain dangers inherent in the programs and activities at Cedar Lake Ministries (CLM). Participation in all of these activities is on a voluntary basis only. In consideration of participation in these activities, I do hereby release and forever discharge CLM, its officers and directors, and its employees, agents, and any parties volunteering on behalf of CLM including the activity site owner and operator, from all causes of action, injuries, claims, damages, costs or expenses of any kind, growing out of or related to recreational activities in which I participate; regardless of whether such injury or damage results from the negligence of the Owner (including Owner's agents, employees and representatives) or otherwise. I may receive medical treatment if necessary from a camp nurse, first responder or Cedar Lake Ministries' staff on duty. In the case of an emergency, and I am unable to respond or my emergency contacts cannot be reached, I hereby give permission to the physician selected by CLM to secure and administer treatment, including hospitalization, for myself. We also hereby release the camp nurse or first responder on duty, and/or Cedar Lake Ministries' staff from any or all complications arising from administering necessary medical treatment. I also consent to having photographs and/or videos of myself used in future promotional material. By signing, I certify that the preceding information is true and accurate to the best of my knowledge. Furthermore, I confirm that I have read the above, agree to, and understand it completely. I am 18 or over and am authorized to sign this document on behalf of myself.

Leader Signature: _____ **Date Signed:** _____

Leader Name Printed: _____