



# 2017 Registration & Health History Form- 60<sup>th</sup> Alpine Anniversary Reunion & Celebration

September 15<sup>th</sup> - 17<sup>th</sup>

Registrant's Full Name:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Church Name:	
Address:		City:	State:	Zip:
Primary Phone: ( )		Secondary Phone: ( )		Email:
Emergency Contact:		Relationship to Registrant:		
Emergency Contact Phone Number: ( )		Cell: ( )		
Registering for: <input type="checkbox"/> Reunion Weekend <input type="checkbox"/> Saturday Celebration ONLY				
I am registering for this number of people: _____				
Total in each age group (Please Include Names & Gender):				
*0-5 years old:				
*6-12 years old:				
*13-18 years old:				
*19-Adult:				
We are willing to share cabin space: YES <input type="checkbox"/> NO <input type="checkbox"/>				
We would like to share cabin space with the following people:				
I will need Waiver/Permission forms for the Challenge Course (Zip Line, Climbing Tower, Ropes Course etc.)				
YES <input type="checkbox"/> NO <input type="checkbox"/>				
Nights Staying: <input type="checkbox"/> Friday Night <input type="checkbox"/> Saturday Night				
Meals Needed: <input type="checkbox"/> Fri. Dinner <input type="checkbox"/> Sat. Breakfast. <input type="checkbox"/> Sat. Lunch <input type="checkbox"/> Sat. Dinner <input type="checkbox"/> Sun. Breakfast <input type="checkbox"/> Sun. Brunch				

Describe any allergies or dietary restrictions; or "None":

## Permissions, Liability of Release Acknowledgements and Agreements

### PARTICIPANT PLEASE READ THE FOLLOWING:

By selecting "Submit Form" below, I am registering to attend this camp sponsored by Alpine Camp and Conference Center. I agree to hold harmless Alpine or its agents for any and all claims for injuries, illness, causes of action, the rendering of emergency medical care, or liability related to use or participation in any camp activities. The activities may include, but are not limited to, swimming, ropes course, rock climbing tower, airsoft and all other recreational activities. I agree to the participation in any offsite activities during camp and/or to be transported to and from any offsite activities, or emergency locations, if any, by authorized vehicles. In the event that my Emergency Contact Person cannot be reached in an emergency and I require treatment, I hereby give permission to the physician selected by the camp administration to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for myself. I also give permission to photograph and video myself for any future promotional materials, including Alpine's website and social media postings, without expectation of compensation.

## Signatures (Required)

I certify that all of the above information is true and correct, and have read and understand the Permissions, Liability of Release Acknowledgements and Agreements.

Parent/Guardian/Adult Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address: PO Box 155, Blue Jay, CA 92317 Email: info@alpine-cc.org Fax: 909 337 2574 Phone: (800) 350-6289