



## Individual Registration Forms

(Please hand in to your Youth Leader)

### Winterblast Weekends

**Jan 13-15** Jr/Sr High 1 Ages 12-18 Grades 7-12

**Jan 27-29** Jr/Sr High 2 Ages 12-18 Grades 7-12

**Feb 3-5** Elementary Ages 7-12 Grades 2-6

**Feb 10-12** Junior High Ages 11-14 Grades 6-8

**Feb 24-26** Senior High Grades 9-12

**March 3-5** Jr/Sr High 3 Ages 12-18 Grades 7-12

**March 17-19** Jr/ Sr High 4 Ages 12-18 Grades 7-12

#### What To Bring:

- Warm Clothes—Boots, gloves, coat, hat and snow pants
- Extra Clothes—don't forget gym clothes too
  - Bedding—Sleeping Bag and Pillow
  - Toiletries, Towels, etc.
- Spending Money for Apple Tree (snack shop)
- **MOST IMPORTANTLY - Bible, Notebook and Pen**

#### All Balances are due by:

Dec. 1st for January Retreats  
Jan. 2nd for February Retreats  
Feb. 1st for March Retreats

<b>Yes! I want an extra cool</b> WinterBlast 2017 Long Sleeve T-Shirt to remember our weekend!	
Cost \$15.00 Due with Registration Circle Size: Youth: YM, YL Adult: S, M, L, XL, XXL	\$ ____
Paintball Session \$20.00	\$ ____
Paintball Equipment Rental \$10.00	\$ ____
Deposit \$50 or full Amount \$140.000	\$ ____
<b>Total Enclosed</b>	\$ ____
<b>NO REFUNDS after Final Numbers are in!</b>	

Student Name \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Health Information: Please attach a copy of your health insurance card.**

Emergency Contacts: (Name/Phone)

1. \_\_\_\_\_

2. \_\_\_\_\_

#### Health Info and Parental Permission

List any health disorders or surgeries:

\_\_\_\_\_

\_\_\_\_\_

List any allergies:

\_\_\_\_\_

List any current medications (including dosage and times):

\_\_\_\_\_

\_\_\_\_\_

This camper is covered by family medical/hospital insurance Yes No

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_

Insurance Company Phone Number

(\_\_\_\_) \_\_\_\_\_

This health history is correct as far as I know, and the camper/worker listed has permission to engage in all prescribed camp activities including travel to and from Camp Orchard Hill for off site activities, except as noted by me.

**I give permission for the group leader that takes my child to Winterblast at Camp Orchard Hill to provide ongoing health care and to select local medical personnel to order tests and treatment as needed for the camper listed.**

In the event, I cannot be reached in an emergency, I hereby give permission to the physician selected by the **group leader** to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person listed.

Signature of Parent/Guardian :

\_\_\_\_\_

Date: \_\_\_\_\_

**Youth Leaders: Please collect these releases and bring them with you to camp.**

WinterBlast Weekend: \_\_\_\_\_

Church: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Cost: \$140.00 per person**