REDEMPTION MINISTRIES

2014 Made Alive Fall Teen Retreat Application

October 17 – 18, 2014 Grades 7 – 12

Check-In: Friday, 10/17/2014 5:30 – 7:00 pm - Check-Out: Saturday, 10/18/14 - following the Saturday Night Service. Saturday Evening Service starts at 5:45pm

Email

Home Phone

Age

First Name

Birth date

Weight

☐ Female

Last Name

Address

Height

Gender

City/State/Zip

Home Church			Pastor		
Parent/Guardian		Relationship to Teen			
Person picking up camper if other than above					
REVEAL Retreat Fee Schedule: \$50.00 Early-Bird Registration by Oct. 06, 2014 Non-Refundable \$60.00 Regular Registration after Oct. 07, 2014					
Medical Treatment Consent Form & Hospitalization Insurance Coverage Information (Copy of Insurance Card must be attached – ALL medications must be sent in original containers with campers name on it)					
Emergency Contact Name	Home Phone	Cell		Alternate Phone #	
Medical Conditions/ Disabilities					
Medical Conditions / Allergies					
Food Allergies					
In my absence, I hereby authorize the Director of hereby authorize any physician called upon by th well-being of the child.					
Parent/Guardian Signature (required)	Signature (required) Date				
Insurance Company	Address				
City/State/Zip					
Subscriber ID	Admission Pre-Certification Phone #		Insurance Company Phone #		
Group #	Group Name (Employer)				
Employer Address	City/State/Zip				
Insurance Authorization: I authorize the releast I authorize payment of medical benefits to the physician			endent named in the Fa	II Teen Retreat Application.	
Insured's Signature (required)			Date		
Note: Teens personal insurance is primar	y coverage. Redemption Ministries is	not responsible for any exp	ense in excess of cam	per's personal insurance.	

Camper Name	
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Activity Permission Form (Must be signed by Parent / Guardian & Witnessed by Notary Public)

The undersigned hereby forever release and discharge Redemption Ministries of any and all liability of any nature which may arise while is a Camper as set forth above. Undersigned further covenant and agrees never to sue or file claim against the aforesaid					
Redemption Ministries for any injury which may occur to said camper while he/she is involved in any of the activities of Fall Teen Retreat, either on or off the premises. WITNESS my hand and seal					
Parent/Guardian Signature (required)	Date				
Notary Witness Signature	Date	Notary Seal			
My child has permission to participate in the following (check all that apply): □ Sports Activities					
My child is restricted from participating in the following:					

Rooming Request (Please note that all special rooming requests must be made at the time of pre-registration and cannot be guaranteed after Oct. 01, 2012

Name	Name
Name	Name

Registration Fee: \$50.00/\$60.00

Balance is due prior to retreat or at check-in. Please be sure to have the proper fees included.

Please mail completed Application & Fees to the address below. Also retain bring a copy for arrival at Camp Redemption, P.O. Box 455, Prince George, VA 23875

The Retreat address is: 5201 Courthouse Road, Prince George, VA 23875