

2011 JR. FACULTY TRAINING Registration Form



Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Church _____

Grade _____ Boy _____ Girl _____

Email Address _____

<u>Event</u>	<u>Date</u>	<u>Cost</u>
_____ Jr. Faculty Training	_____ April 2	_____ \$15

Please contact the **CAMP** or

Check the **WEBSITE: www.campilliana.org**
(look under **EVENTS**) for a Jr. Faculty Training Packet

RETURN FORMS AND REGISTRATION FEE TO:
Camp Illiana - 723 E. 450 S., Washington, In 47501

LIABILITY AND MEDICAL RELEASE FORM

I, the parent or legal guardian of the person listed on this form, certify that he/she has my full approval to participate in one of Camp Illiana's Youth Retreats with activities held on campus and off.

Furthermore, I release and hereby agree to hold blameless Camp Illiana and its directors and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Camp Illiana, including the adventure elements.

In addition, I do authorize the minister or sponsor of this activity or any staff member, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this retreat. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said child is covered by adequate accident insurance and give permission for all photos to be used for publicity purposes. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Parent or Legal Guardian

Date

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