



Savannah Presbytery

## Overnight @ Ebenezer Summer Camp Registration Form

*A Camp Experience for Families to Enjoy Together*

3590 Darien Hwy, Suite 8, Brunswick, GA 31525

**All Health information must be completed!** Questions? Presbytery Office 912-264-1997

Camp registrations (with payment) must be mailed to the Presbytery office with a postmark no later than May 11, 2018 to qualify for Early Bird Pricing. **Registrations without payment will be returned.**

**Families will be housed together in dorms and bunk cottages.**

Camper Parent(s)/Grandparent Name(s): \_\_\_\_\_ Best Phone: \_\_\_\_\_

Camper Preferred Name \_\_\_\_\_ Camper Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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Camper's Home Church (if attending with Presbyterian friend, indicate friend's church) \_\_\_\_\_

Home Address (street, city, zip): \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Parent email: \_\_\_\_\_

Circle t-shirt sizes needed

T-shirt sizes: Youth Small Youth Medium Youth Large Adult Small Adult Med. Adult Large XL XXL

**EXPECTATIONS:** Every parent or guardian should understand that the Adult Representatives of the Savannah Presbytery Summer Camp Program are responsible for maintaining order and administering discipline during the duration of the event in which your camper is participating. Should a camper, in the view of the Adult Representatives, become a chronic disciplinary problem the parent or guardian will be notified and the camper will be sent home at the guardian's expense. Parents are liable for any property damage caused by their camper. I give permission for the Presbytery to use my child's photo in promotional materials and on the Savannah Presbytery website. I hereby release Savannah Presbytery, its staff and adult representatives from responsibility and liability for any injury or illness that my child may sustain during an event. In the event of an emergency, I authorize an adult representative of Savannah Presbytery, as agent for me, to consent to any x-ray exam, medical, dental or surgical diagnosis or treatment and hospital care advised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. In the event of an emergency or major concern, parents will be contacted as soon as possible.

Parent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

*If a camper in your family is not able to participate in all normal activities, please give more information including chronic medical conditions, health concerns and serious allergies.*

Please list any medications on opposite page along with the name of the child or adult.

My child(ren) may be provided topical therapies, an antacid, acetaminophone or ibuprophen if necessary. \_\_\_\_\_ (please initial)

Date of last tetanus shot: \_\_\_\_\_ -

Please list all participants date of last tetanus shot.

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Name and policy number of family's insurance: \_\_\_\_\_ Member's Name: \_\_\_\_\_



**For New Ebenezer Retreat Center**

**Revised March 12, 2009**

**Partial Waiver & Release of Liability & Parental Consent**

In consideration of New Ebenezer furnishing services and/or equipment to enable me/my child to participate in canoeing, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of a canoe and my participation in canoeing; (b) my/my child's participation in such activities and/ or use of such equipment may result in injury or illness; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) by my/my child's participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or dangers.

I hereby agree and consent to my/my child's participation in canoeing provided by or on behalf of New Ebenezer Family Retreat and Conference Center for the age group in question. I, on behalf of myself/my child, and my personal representative, hereby waive, release and discharge New Ebenezer, its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of New Ebenezer and its respective agents and employees. I further waive, release and discharge New Ebenezer from any claim whatsoever on account of first aid, treatment or service rendered to me/my child as a result of my/my child's participation in canoeing.

I have read the above partial waiver and release of liability and parental consent and by signing it agree that it is my express intent to exempt and relieve New Ebenezer from liability for personal injury, property damage, or wrongful death other than such claims that arise as the direct result of active, foreseeable negligence.

Name of Participant: \_\_\_\_\_ Age if minor: \_\_\_\_\_

Signature (if 18 years of age or older): \_\_\_\_\_

Signature of Parent/Guardian (if less than 18 years of age): \_\_\_\_\_

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