

# Gasper River Catholic Youth Camp & Retreat Center

2695 Jackson Bridge Road • Bowling Green, KY • 42101 • 270.781.2466 • www.gasperriverretreatcenter.org

## Camper Registration Form

### To Register:

1. Complete the Camper Registration Form, and Forms A and D (5 pages total).
2. Mail completed Camper Registration Form, and Forms A and D with **\$50.00 deposit** to the address listed above. Please make checks payable to **Gasper River Catholic Youth Camp**. Registration must be received at least 10 days before the start of the camp. **The remaining balance is due by May 31, 2009**. Any registrations made after May 31, must be paid in full. Refunds are available upon request more than five days before the camp begins, less a \$20.00 non-refundable administration fee.

Family Information		
Parent/Legal Guardian 1	Parent/Legal Guardian 2	Family Mailing Address
Last Name	Last Name	Street
First Name	First Name	City
Home Phone (    )	Home Phone (    )	State
Work Phone (    )	Work Phone (    )	Zip
Cell Phone (    )	Cell Phone (    )	
E-mail	E-mail	
Emergency Contact Information (contacted if parents can not be reached)		Parish Information
Emergency Contact 1	Emergency Contact 2	Parish Name
Full Name	Full Name	Parish Street
Relationship	Relationship	Parish City
Home Phone (    )	Home Phone (    )	Parish State
Work Phone (    )	Work Phone (    )	Parish Zip
Cell Phone (    )	Cell Phone (    )	
Camper Information		
Camper Profile		Camper Medical Information
Last Name		Health Insurance
First Name		Doctor's Name
Date of Birth		Doctor's Phone
Gender (circle one)    Male                  Female		List all camper allergies
Grade entering in the fall		
School		List all camper medications, dosages, and purposes  (ALL medications brought to camp are handled by the Camp Health Care Provider.)
Camper's E-mail		
Shirt Size            Child:                  Adult: S M L XL (circle one)            M L                          XXL XXXL		
Cabin Mate Request (limit one)		Dietary Restrictions/Needs

**Camp Session**

<b>Camp Name</b>	<b>Camp Date</b>

**Camp Departure Information**

**Who CAN pick up this camper?**

Parent/Guardian #1 Name	Designated Person #1 Name
Parent/Guardian #2 Name	Designated Person #2 Name

I give my consent for the person/persons listed above to be the only person/persons to transport my child from Gasper River Catholic Youth Camp & Retreat Center. The Gasper River staff will **NOT** allow my child to leave the premises with anyone other than those named above.

_____	_____
Parent/Guardian Signature	Date

**Is there anyone who MUST NOT pick up this camper?**

Person #1	Person #2
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**SIGN BELOW AT CONCLUSION OF CAMP:**

Camper picked up by:

_____	_____	_____
Signature of person picking up camper	Signature of Gasper River Staff	Date

**Agreement/Liability Release**

In signing this form, I/we, the parent(s) and/or legal guardian(s) of the child named below, hereby certify that the above information is correct and give permission for the use of photographs including my/our child in camp publicity and on Gasper River Catholic Youth Camp & Retreat Center's (GRCYCRC) web page, and for release of medical records for insurance purposes in case of illness or accident. I/We realize that children at camp can become ill and need medical attention. I/We hereby give permission to the Camp Health Care Provider to give over-the-counter medication to my/our child as proper treatment as deemed necessary for minor ailments. I/We hereby request permission for my/our child to participate in any and all activities of the GRCYCRC. I/we realize that children at camp can injure themselves without fault on the part of the Gasper River personnel. I/We do hereby further generally, fully, completely and absolutely hold harmless the Roman Catholic Diocese of Owensboro and the Gasper River Catholic Youth Camp & Retreat Center, including but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers and chaperones from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise agree to submit my/our insurance carrier first, and will only use GRCYCRC's insurance plan as a secondary insurance. In case of emergency I/we understand that every effort will be made to contact me/us. In the event that I/we cannot be reached, I/we hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my/our child as named below. I/We likewise release from responsibility any person transporting my/our child to or from the activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

_____	_____	_____
Camper's name	Signature of Parent/Guardian	Date

I understand the above permission form, agree to it, and I will cooperate with the program and policies of the GRCYCRC.

_____	_____
Camper's Signature	Date

**Reservations will not be confirmed until Camper Registration Form, Forms A and D, and the deposit have been received and processed by the Gasper River office. Confirmation letters will then be mailed/e-mailed to parent/guardian and camper.**

FOR OFFICE USE ONLY			
Camp Registered In		Check #	
Deposit/Payment Date		Paid	