

2017 Camp UTIBACA Teen Retreat Registration Form

September 8-9, 2017

Please Bring Completed form with you to Retreat
 Or email to Mark Dupont: mdupont5373@msn.com
 (Questions? Call 435-418-0153)

Name: _____ Age ____ Bday _____ Grade in Aug ____ Male ____ Fem ____
 Address _____ City _____ State ____ Zip Code _____
 Home Phone (_____) _____ Parent's E-Mail _____
 Mom's Name _____ Cell Phone (_____) _____
 Dad's Name _____ Cell Phone: (_____) - _____
 Medical Ins Co _____ Policy # _____
 Church _____ Pastor's Name _____

Permission for Activities

Camp Utibaca offers many exciting activities. The Camp will try to make these activities as safe and enjoyable as possible. None of these supervised activities are required, but are available to Campers by choice. However, knowing that any such activities may have a potential risk and hazard, we kindly ask you to sign the following statement:

“I give permission for my child (named above) to attend Camp Utibaca and engage in all camp activities they chose. I also understand that if my son/daughter must be sent home because of disciplinary and/or other problems, I will assume the Additional cost for transportation.”

Parent/Guardian Signature _____

Special Medical Information

If your child has a medical need or problem, please enclose a note and attach it to the registration form. The Camp provides limited secondary accidental medical insurance. It does not cover illness. The parent or guardian must still provide the primary medical insurance. It is also necessary in case of an emergency for you to sign the following statement:

“In case of a medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event they cannot be reached, I hereby give permission to a physician selected by the Camp Director to secure proper treatment and/or hospitalize, including diagnosis, medicines, injections, anesthesia and/or surgery for my child (named above). I agree to the release of any records necessary for treatment, referral, billing, and/or insurance purposes. I also affirm that the medical information on this form is accurate and complete.”

Parent/Guardian Signature _____

All prescription medicine (must be in original container) and supplements sent to Camp must be turned in at registration and will be distributed as instructed

FOOD, DRUGS OR BUG ALLERGY	Reaction	Mild	Serious	Life Threatening

Medication/Supplement	Dosage	Qty Morning	Qty Noon	Qty Afternoon	Qty Dinner	Qty Evening