

Confirmation Retreat Registration Form Beaver Cross Camp

Name _____ Grade _____ Gender: M F

Home Address _____

Phone (____) _____ Other (____) _____

Email _____

Home Parish _____ Pastor: _____

Adult attending Retreat with you: _____

** Only one adult per parish. Adults must also register.*

Emergency Contact: _____

Home Phone (____) _____ Mobile (____) _____

Please list any medical conditions, allergies, and dietary concerns we should be aware of:

Please list any medications currently taking:

You can administer the medications the following to my child as needed:

___ Tylenol ___ Ibuprofen ___ Aspirin

Medical Insurance Co. Name/Policy# _____

Name of Insured: _____ Relationship: _____

The person herein has permission to engage in all prescribed activities except noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the trip coordinator to hospitalize, secure proper treatment for, and to order injections and/or surgery for my child named above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print: _____



Payment Information

**Registration Fee for Confirmation Weekend \$89.00
Includes lodging and Food Service**

We will pay by: _____ Check (please include check payable to Beaver Cross with this form)

_____ Credit Card (MasterCard or Visa only)

Name on Card: _____ Exp. Date _____

Card #: _____

Please return this form to Beaver Cross 575 Burton Rd. Greenwich, NY 12834