

## REGISTRATION FORM

(There is NO CHARGE for children 18 and under, except extra activity charges - e.g. ropes course)

Family name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Monthly Meeting \_\_\_\_\_

Plan to Arrive \_\_\_\_\_

Plan to Leave \_\_\_\_\_

### Housing

Name	Age of Child	Housing	Cost

### Meals

# Adults	# Children	Meal	Total Cost
		Sat. Breakfast	
		Sat. Lunch	
		Sat. Supper	
		Sun. Breakfast	
		Sun. Lunch	

Registration fee: \$5 - \$15/adult, sliding scale \_\_\_\_\_

Housing total (from above) \_\_\_\_\_

Meals total (adults only) \_\_\_\_\_

High Ropes Course (grade 6 and up - \$20 ea.) \_\_\_\_\_

Contribution toward scholarships to Quarterly \_\_\_\_\_

Total Included/owed: \_\_\_\_\_

Please indicate any accommodations needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN FORM BY March 21 if registering for High Ropes; all others, register by March 25, 2008**

Grayce Mesner

1262 Richland Rd., Lacon, IL 61540-8852

grayceneil9@pcwildblue.com

309-246-8397

## MEDICAL EMERGENCY INFORMATION

For children under 18

(Please make a copy for each child)

Name of child \_\_\_\_\_ age \_\_\_\_\_

Can participate in full physical activity? (If no, explain)

Yes \_\_\_\_\_ No \_\_\_\_\_

Known allergies \_\_\_\_\_

Health problems \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_

In event of emergency, please call:

Name \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Ph. (\_\_\_\_) \_\_\_\_\_

In event that above cannot be reached, please  
\_\_\_ use your best judgment (includes my permission for you to authorize medical treatment or surgery if deemed necessary).

\_\_\_ Other - specify \_\_\_\_\_

\_\_\_\_\_

### Health Insurance Information:

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

SPONSOR INFORMATION: Required for those under 18 not attending with parent(s).

Sponsor's Name \_\_\_\_\_

Monthly Meeting \_\_\_\_\_

It is understood that the sponsor acts in loco parentis.

Parent's signature \_\_\_\_\_