

## **HMCA Camper Retreat Registration**

Howell's Mill Christian Assembly, Rt. 2 Box 118 Ona, WV 25545  
Office Phone: 304-743-4332 Website: [www.howellsmill.org](http://www.howellsmill.org)

*Early Cost Deadlines 2 weeks before event. Check website for more!*

**Retreat Event:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Church: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 2<sup>nd</sup> #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Male  Female

Emergency Contact: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

\*Allergies/Notes: \_\_\_\_\_

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## **Medical/Camp Liability Release**

I understand that, in the event of an emergency, HMCA will make every effort to contact those people listed on this form. In the event that HMCA is unable to contact myself or the designated contact, I give my permission to the physician selected by the camp management to secure treatment for my child as named on this form.

I understand that completion of this medical form with my signature grants my camper participation in a HMCA program. I release HMCA staff, faculty, officers, and management from any liability and shall not be held responsible for any articles lost, stolen, or left at camp. HMCA has my permission to use any video or photos taken of my child while attending or participating in a camp program.

Howell's Mill Christian Assembly insurance assists only medical injuries occurring during the duration of the HMCA program. Individual insurance coverage will be primarily responsible for extended coverage and HMCA will be limited secondary coverage only.

\_\_\_\_\_  
**Parent/Guardian Signature      Date**

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**Parent/Guardian Signature      Date**