

# LEADERSHIP CAMP REGISTRATION FORM

## Personal Information:

|  |   |                       |
|--|---|-----------------------|
| Camper's Name:   |   |                       |
| <input type="checkbox"/> Coming as a sponsor<br><input type="checkbox"/> 1 <sup>st</sup> time at Northland | Gender:<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Date of Birth:<br>/ / |
| Mailing Address:   |   |                       |
| City:  |   |                       |
| State:   | Zip:  |                       |
| Email Address:   |   |                       |
| Home Phone:  |   |                       |
| Parent/Legal Guardian with whom You Live:  |   |                       |
| Emergency Contact:   |   |                       |
| Camper's Grade (Fall 2024)   |   |                       |

## Church Information:

|   |      |
|---|------|
| <input type="checkbox"/> Coming as an Individual<br><input type="checkbox"/> Coming with a Church |      |
| Church you are coming with:   |      |
| Church Mailing Address:   |      |
| City:   |      |
| State:  | Zip: |
| Pastor/Sponsor's Name:  |      |
| Pastor/Sponsor's Phone:   |      |
| Church Phone:   |      |

## Release Form:

**Promotional Material:** Photos or videos of my child can be used for promotional purposes without remuneration.

**Health and Safety:** I understand that the Northland Health Center will provide medical care to my child for injuries or illnesses and that the camp reserves the right to bill me for excessive medical supplies. I understand that all off-site medical expenses will be directed through my health insurance policy; Northland does not provide secondary health insurance coverage. In case of a medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physicians selected by Northland to hospitalize; secure proper treatments; and order injection, anesthesia, or surgery for my child(ren) as named. I assume all financial responsibility for such treatment. If my child has a communicable disease, sickness, or lice and/or nits, I understand camp reserves the right to take appropriate precautions, including dismissal.

**Consent to Examine:** I consent to the examination and treatment of my child(ren) through Northland Health Center personnel employed by Northland Mission, Inc.

**Consent to Release of Liability:** I give permission for my child to participate in all off-site and on-site activities. I, for myself, spouse, and heirs, agree to release Northland and any affiliate partners, from any and all claims, demands, or actions on account of damage to personal property or injury which may result from participation in the regular camp activities. This release includes claims based on the negligence of Northland and their staff, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

**Consent to Release of Information:** I agree that any health information provided to Northland Health Center personnel, including the Northland nurse, whether provided directly by me, my child(ren), or from other sources, may be released as deemed necessary by Northland for the purpose of taking appropriate precautions to prevent harm to my child(ren) or others arising from any physical or mental condition my child(ren) may have. I understand that the information that may be disclosed may include, but not be limited to, diagnoses, medications, medical conditions, mental health conditions, communicable disease status (including HIV status), treatments, and laboratory findings; but any release of such information will be limited to those details Northland deems necessary to take appropriate safety precautions. I also understand that Northland reserves the right to review any information given and to determine camper capability and eligibility based on that information.

## Leadership Camp Selection: \$425 (10<sup>th</sup> – 12<sup>th</sup> graders)

|                                |                           |             |
|--------------------------------|---------------------------|-------------|
| <input type="checkbox"/> LCamp | June 24 –<br>July 6, 2024 | Matt Galvan |
|--------------------------------|---------------------------|-------------|

## Medical Information:

|  |
|--|
| Health or Behavioral Conditions:   |
| Drug Allergies or Other Allergic Reactions:  |
| Dietary Needs/Restrictions:  |
| Medication Taken Regularly: (Must be in original prescription container labeled with camper's name, medication name, dosage, and time taken) |
| Activity Restrictions:   |
| Date of Last Tetanus Shot:   |
| Insurance Company:   |
| Insurance Holder:  |
| Policy Number:   |

## Payment Information:

|  |   |
|--|---|
| <input type="checkbox"/> Early Bird Discount if postmarked by April 15th<br><input type="checkbox"/> \$50 Registration Fee*<br><input type="checkbox"/> Amount Enclosed: \$ _____<br><i>*Nonrefundable and Nontransferable</i> |   |
| Credit Card:   | <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard |
| Cardholder's Name:   |   |
| Billing Address: (If different from above)   |   |
| City, State, Zip:  |   |
| Card Number:   |   |
| Expiration Date:   | 3 Digit Security Code:  |
| Cardholder's Signature:  |   |

|                                 |
|---------------------------------|
| Parent or Guardian's Signature: |
| Date:                           |

## Roommate Request:

|   |
|---|
| (1 choice, must be within 1 grade level). |
|---|

For more information or to download more registration forms, visit  
**northlandcamp.org**  
Mail, Email, or Fax form to:  
Northland Camp & Conference Center  
W10085 Pike Plains Rd. • Dunbar, WI 54119  
(715) 324-4200 • Fax: (715) 324-6133  
Email: registration@northlandcamp.org

**NORTHLAND**  
CAMP & CONFERENCE CENTER