



THE NAMING PROJECT ADULT CAMP FUNDRAISER REGISTRATION FORM (PLEASE PRINT)

GENERAL INFORMATION

Name: _____ Date of Birth: ____/____/____
First Name Middle Last Name Month Day Year

Gender: _____ Preferred Pronouns: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (_____) _____ E-mail Address: _____

Emergency Contact 1: _____

Phone: (_____) _____ Relationship: _____

Emergency Contact 2: _____

Phone: (_____) _____ Relationship: _____

HEALTH INFORMATION

The Naming Project aims to make the camp an exciting and wonderful time of learning, activities, and experiencing God's creation for all participants. The following questions will help us best meet your expectations and needs.

Please note any physical or mental health concerns staff should know about:

Please note any dietary restrictions, allergies, or special needs:

Please note any other special needs or information you would like staff to be aware of:

Health insurance: _____

COST AND PAYMENT

- Cost for one individual for Camp - \$500 for Thursday night through Sunday afternoon
- Cost for a couple for Camp - \$800 for Thursday night through Sunday afternoon
- Transportation from Minneapolis/St. Paul is \$15 each way/\$30 roundtrip

Payment Schedule: A \$100 non-refundable deposit is required at the time of registration for all campers. The balance must be paid by the beginning of camp.

Camp Cost \$ _____ + Twin Cities Travel \$ _____ = Total Owed \$ _____

WAIVER AND RELEASE

I understand that some camp activities have inherent risks. I will assure that I am properly prepared for all activities including having proper clothes and equipment, being in good health and willing and able to participate in camp activities, and willing to abide by camp policies and follow the directions of camp personnel. I understand that reasonable measures will be taken to safeguard the health and safety of all participants. In the event of an emergency, I hereby authorize the emergency contact people to act on my behalf. Furthermore, in the event that the emergency contact cannot be reached, I authorize The Naming Project Summer Camp and Bay Lake Camp to select a physician and/or hospital to provide emergency medical and surgical treatment and to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation. I understand that I can be dismissed from camp for reasons including, but not limited to: chronically disruptive behaviors, illegal activity, contagious illness, self-harming behaviors, or destruction of property. If I am dismissed from camp, I understand that it is my responsibility to arrange for transportation for my return home. Acknowledging that participation in camping programs carries with it the risk of injury, I agree that The Naming Project and Bay Lake Camp, their agents and employees shall not be liable to me for any injury or damage, howsoever caused, resulting directly or indirectly from my participation in The Naming Project Summer Camping Program at any time proceeding, during, or after camp is in session. I hereby discharge The Naming Project and Bay Lake Camp, their agents and employees from all actions, claims, and demands I may have for any such injury or damage.

Signature _____ Date _____

WAIVER AND RELEASE FOR PHOTOGRAPHS AND VIDEO (OPTIONAL)

Persons involved in The Naming Project Summer Camp will be discussing issues that are sensitive at both the personal and societal level. Recognizing this fact, The Naming Project is respectful of people with regard to their privacy and the use of photographs and videos taken during the camp session. If you are comfortable with photos and videos being used for advertising, promotional materials, documentaries, or educational materials we ask that you agree to the following. (Please note that this is not required for participating in The Naming Project Adult Camp.)

I hereby authorize that The Naming Project has the right to use photographs or videos taken of me during camp for advertising, promotional materials, documentaries, or educational materials.

Signature _____ Date _____

Send Registration With Deposit Payment To:

Ross Murray, Director
888c 8th Avenue #523
New York, NY 10019