

Lutheran Church of the Holy Spirit CAT Camp

ADULT Information and Medical Form

Friday, November 16 to Sunday, November 18, 2018

Bear Creek Camp, Wilkes Barre PA www.bearcreekcamp.org

Adult Mentor's Full Name: _____

Street Address: _____ City: _____ Zip code: _____

Cell phone: _____ Spouse Cell Phone: _____ Home Phone: _____

Email Address: _____ Birth Date: _____

The registration fee for an adult is \$75, less than ¼ the actual cost. You are welcome to contribute to the actual total cost of \$200 per participant. Please make your check payable to Lutheran Church of the Holy Spirit and mark in memo line, Cat Camp 2018. Please return this form and your payment to the church office or Pastor Spencer Steele before November 9, 2018.

Christian Conduct:

Just as Jesus did, I will treat other people and myself with respect and love. I will not, for any reason, hit or abuse anyone verbally or physically. I will not use any kind of illegal drugs, alcohol, or weapons, including but not limited to knives, firearms, or fireworks, at the Lutheran Church of the Holy Spirit and church sponsored activities. The use of tobacco products is prohibited by minors and only permitted outside in designated areas by adults. Remember, even second hand smoke is harmful.

Electronic Devices:

Please do not bring DVD players, iPods or iPads. Adults are expected to limit their cell phones use to emergencies and for unstructured time. If I bring any electronic device, I release The Lutheran Church of the Holy Spirit, Emmaus, PA from any or all responsibility or damage of said electronic devices.

Photos of Event: [Select all that you give permission for]

- A. I give permission to the Lutheran Church of the Holy Spirit to display on church websites or in electronic publications of the church photos and video of myself.
- B. I give permission to the Lutheran Church of the Holy Spirit to display within the church facility any photo or video of myself.
- C. I give permission to news media (usually local newspapers) to take photographs or film of an event at the church or church related event of myself.

Signature of Participant: _____ **Date:** _____

Participation:

Does participant have any physical, emotional, or mental limitations, problems, or concerns that would be helpful if the staff was aware of or may affect the whole group, i.e. sleeping problems, destructive behavior? If yes, explain:

Please complete Medical and Allergy Information on next page....

