

Camp Mack

Get-A-Way Days Registration

Event Name _____ Date _____

Name _____

Please Print Clearly

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Congregation _____

Allergies _____

Special Needs _____

In case of emergency, please notify

Name _____

Relationship _____

Phone () _____

Waiver and Release Statement:

I/We waive any claim for me/us or my/our child that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees. I give permission for me/us and/or my/our child to be photographed and/or videotaped for promotional purposes of the camp.

Signed _____ Date _____

Make check payable to **CAMP MACK** Amount enclosed \$ _____

Mail registrations and payment to:

*Camp Mack
PO Box 158
Milford, IN 46542*