Registration Form:

Deeper Camping Retreat

Name:_____

E-mail: _____

Age: _____

Group: _____

Youth Leader Name and Phone Number: _____

Dietary / Medical / Special Needs:

_____

_____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

I am hereby giving my child named above the permission to go to the Deeper Camping Retreat. I understand that the staff and volunteers of Steps Ministries, Christians United for Buffalo Inc. and Broadway Hope. Inc. cannot be held liable should my child be involved in an accident. I also understand that my child is to follow the leaders' instructions at all times and is never to wander off on their own. In case of an emergency I give permission for medical treatment to be performed on my child.

_____

Parent / Legal Guardian Sign date

_____

Name in Print