



2012 Compass Points Participant Registration Form

Congregation Name _____ **Trip Dates** _____

Please Return This To _____

With A Trip Deposit Of \$ _____

By _____

First Name	Last Name	Gender	Birthdate
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Address	City	State	Zip
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E-mail Address	Phone
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Parent's Name	Preferred Phone
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Parent's Name	Preferred Phone
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Dietary Concerns (Vegetarian, Allergies, Etc)

Medical Concerns (A Physical completed within 12 months of the trip date and Physicians Release is required for all participants, youth and adult.)

Our child has permission to take part in all Compass Points activities under supervision of Rainbow Trail Lutheran Camp staff, and we agree that the camp or its personnel will not be held responsible for accidents arising therefrom. I give the camp staff permission to seek medical treatment for me/my child in case of injury or illness. I also give permission for the use of photographs, video, and electronic images of me/my in camp publicity.

Participant Signature _____ **Parent/Guardian Signature** _____ **Date** _____

Group Leader Use Only

Trip Deposit Rcvd \$ _____ Date _____ Method _____	Health Form Rcvd _____
Trip Payment Rcvd \$ _____ Date _____ Method _____	Physician Release Rcvd _____
Trip Payment Rcvd \$ _____ Date _____ Method _____	Rafting Release Rcvd _____
Trip Payment Rcvd \$ _____ Date _____ Method _____	Ropes/Rock Release Rcvd _____