



2016 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

Address City State Zip

E-mail Address Phone

Parent's Name Preferred Phone

Parent's Name Preferred Phone

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. This is due two weeks prior to the trip.)

I/my 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 child 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	_____