2022 St. Gabriel's Episcopal Church Camp

Registration Form

June 13-16 June 20-23 July 18-21 August 1-4

(Circle which camps you would like to attend)

Name:	Age	:	Grade in Fall:
Address:	Cannon Ball	Fort Yates	Porcupine Selfridge
Telephone Number:	_ email or facebook		
Insurance Information:	Policy Number:		
Any known allergies?			
IN CASE OF EMERGENCY:			
Who should we call:	Telephone Number:		
If no answer:	Telephone Number:		
In case of an emergency, I understand ever reached, I hereby give the Episcopal Churc permission to act on my behalf in seeking such care/treatment is deemed necessary order x-rays, routine tests, treatment, to r necessary for insurance purposes as outlir Church and Native Young Life from any lia	ch, through the leade emergency care/trea I hereby give permis naintain and/or relea ned under HIPAA reg	ership at th atment for ssion to me ase any me ulations. I	is camp, the my child. In the event dical personnel to dical records absolve the Episcopal
Signed:		Date:	
Relationship to student:			

- The Episcopal Church and Young Life is not responsible for lost or stolen items
- All prescriptions need to be in a zip-lock container and given to staff immediately upon arrival
- Students will adhere to the rules of the camp or will be asked to leave. If this happens, you will be notified and asked to pick up your student at the camp.
- If you do NOT want your student's picture used in church publications initial here _____