



**2018 Confirmation Retreat  
Individual Registration Form**

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Congregation: \_\_\_\_\_ City: \_\_\_\_\_

Pastor: \_\_\_\_\_

Our child has permission to take part in all confirmation retreat activities under supervision, and we agree that the camp, or its personnel will not be held responsible for accidents arising there from. I give the camp staff permission to seek medical treatment for my child in case of injury or illness. I also give permission for the use of photographs, video, and electronic images including my child or family in camp publicity.

\_\_\_ Yes, I would like to receive information about Rainbow Trail programs.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_