

 **Sr. High Retreat Registration** 
January 2-3, 2010

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Age: _____ Gender: _____

Email: _____

Retreat Cost: _____

Discount: _____

(only if pre-registered by December 21)

Amount Enclosed _____

Have you ever attended any other Bay Shore Event?

Yes _____ No _____

If so, what one? _____

I give permission for my child
to attend the Bay Shore Senior High Retreat. In an emergency, I
herby consent to a licensed physician selected by Bay Shore
Camp Staff, to hospitalize or secure proper treatment for the child
named on this form. I will not hold Bay Shore Camp liable for any
injury that he/she may incur while at this event.

(signature of Parent or Guardian)

Student Information: _____

Allergies: _____

Current Medications: _____

Insurance Information: _____

Company Name: _____

Policy Number: _____

Insured's Name: _____

Send to: Bay Shore Camp, PO Box 624, Salshealing, MI 48759