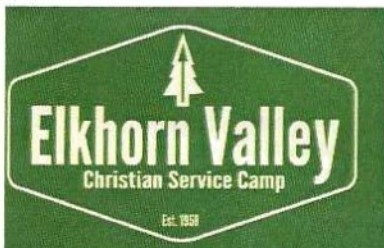
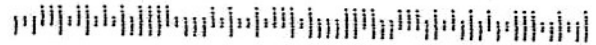


Elkhorn Valley Christian Service Camp
8200 Carnation Rd SE
Bergholz, OH 43908
Address Service Requested

Non-Profit Org.
US Postage PAID
44615 Permit #100

Pine Lake Christian Church
636 Pine Lake Rd.
Sebring, OH 44672

4467281597 0002



ELKHORN VALLEY YOUNG ADULTS (ages 18-30)

RETREAT

AUG COST before July 26th: **\$55**
9&10 COST after July 26th: **\$65**

STARTS: FRI 6PM  **ENDS:** SAT 7PM



Return registration form
on reverse
OR Register online
www.elkhornvalley.com
This retreat is on our
Mainsdie Camp

WHAT TO BRING:
Bible Twin Bedding
Clothes Towel
Toiletries Friends

WHO CAN COME?
Young Adults
Ages 18-30



2024 YOUNG ADULTS RETREAT 6PM ON AUG 9TH TO 7PM ON AUG 10TH
 COPY PAGE FOR YOUR RECORDS, REGISTER ONLINE: ELKHORNVALLEY.COM. REGISTRATION REQUIRED TO ATTEND PROGRAM.
 COST: BEFORE JULY 26th: \$55; AFTER \$65 | QUESTIONS: 740-768-2148 or INFO@ELKHORNVALLEY.COM

Name _____ M / F _____ Date of Birth (month/day/year) _____ Grade _____ E-mail _____

Address _____ City _____ State _____ Zip _____ Phone _____

Church _____ Emergency Contact / Relationship _____ Emergency Contact Phone Number _____

Method of Payment (if paying by credit card, please register ONLINE) Check (mail in along with this form) Cash

RELEASE / AUTHORIZATIONS INFORMATION

Insurance Coverage: EVCSC provides a secondary insurance policy for all camp participants. Parent/Guardian insurance policy will be used as the primary coverage. Our insurance company (Brotherhood Mutual) will pay to the Stated Policy Limit any covered costs incurred while providing medical attention that are not paid by your or your spouse's insurance, or by any other policy providing coverage to the camper/participant.

AUTHORIZATIONS:

The health history given on the Camper Medical Information Form is correct and complete as far as I know, and the Camper herein described has permission to engage in all Camp activities except as noted. I agree to the release of any records necessary for insurance purposes. I give permission to the Camp to arrange necessary transportation for my child.

Liability Release: I understand that my child assumes personal risk by participating in the activities of ELKHORN VALLEY CHRISTIAN SERVICE CAMP, INC. These activities include but are not limited to the ELKHORN VALLEY ADVENTURES PROGRAM, swimming, lake activities, sports activities, etc. I understand ELKHORN VALLEY CHRISTIAN SERVICE CAMP, INC. provides safe equipment and the basic instruction needed for my child's safety. I realize these activities are potentially dangerous by nature; therefore, I release ELKHORN VALLEY CHRISTIAN SERVICE CAMP, INC. as liable or responsible for injury in the event of a lawsuit.

Photo Release: I understand ELKHORN VALLEY CHRISTIAN SERVICE CAMP, INC. takes photographs & videos for print & online publications. I hereby grant permission to the rights of my image, likeness and sound of my voice without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed & waive the right to inspect or approve the finished product wherein my likeness appears.

Signature of Camper or Parent/Guardian (if under 18): _____ Date: _____

MEDICAL, INSURANCE AND EMERGENCY INFORMATION

Does the Camper have any history of drug or other allergies? Explain: _____

List any medications or vitamins that the Camper is currently taking: _____

Is Camper permitted to receive over-the-counter drugs? Yes / No Date of the Camper's last Tetanus booster: _____

Is Camper free of communicable diseases? Yes / No If no, please explain: _____

Does Camper have any physical/emotional/medical condition that we should be aware of? : _____

Insurance Company: _____ Policy or Group #: _____ Physician: _____

Physician City: _____ Physician Phone #: _____

I attest that _____ (camper) is in good physical condition and is able to participate in all activities. Any Exceptions: _____

IN CASE OF EMERGENCY: I hereby give permission to the physician selected by the camp management to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for me/my child as named on this form. I understand, however, that every effort will be made to contact me in case of such an emergency and, if possible, before any such medical treatment is administered. I agree to the release of any records for insurance purposes. This completed health form may be photocopied for use out of camp.

Signature of Camper: _____ Date: _____

Printed Name: _____

More info: elkhornvalley.com

**Registration begins at 6:00 p m at Elkhorn Valley's Commons
 Elkhorn Valley Christian Service Camp
 8200 Carnation Rd SE, Bergholz, Ohio 43908**