

Discover Camp 2018
June 14-16, 2018
Counselors arrive by 3:00 afternoon June 13th
High School Counselor

Name: _____

Address: _____ City _____ St. _____ Zip _____

Phone: _____ E-mail _____

Age: ____ Birthday (__/__/__) High School attending _____ (year) ____

T-shirt adult size: Circle one Small Medium Large Extra Large

Please write a brief paragraph regarding the leadership talents and qualities you would bring to a small group during Discover Camp.

List any allergies or dietary needs:

We (I) release all church, camp staff and adult advisors from any and all claims, loss, damage or expense, arising out of or from any accident or other occurrence causing injury to any person or property during this camp. Furthermore we (I) assume all risks of personal injury, sickness, death, damage and expense as a result of participation in recreation and activities involved therein by our daughter. We (I) am the parent(s) or legal guardian (s) of this participant and grant our (my) permission for the camp directors or their duly authorized representative to act on our (my) behalf in a medical emergency if I am unable to do so.

Participants Signature: _____

(Parents/Guardian's Signature, if under 21) _____

In case of emergency contact:

Name: _____

Phone Number: _____

Family Physician: _____

Phone Number of Physician: _____

Please return by **May 5, 2018**

Sister Anna Marie Broxterman, csj

P.O. Box 279

Concordia, KS 66901

785-243-2113 (w); 785-554-3829