



45800 Calvin Crest Road, Oakhurst, CA 93644 phone: (559) 683-4450 fax: (559) 683- 7118

2018 Men's Camp Registration Form

Name (First and Last) _____

Name for name tag if other than above _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Birth Date _____ Email _____

Church Name _____ City _____

Health Information

Please attach a note with any special concerns. Please notify camp if you are exposed to any communicable disease during the two weeks prior to camp attendance. All prescription and non-prescription medications, including vitamins, are kept with you; you are responsible for your own medications and basic first aid.

Dietary Needs: Y N

If yes, explain: _____

We can accommodate most vegan, vegetarian, gluten free, and/or dairy free diets.

Food/Drug /Other Allergies: Y N

If yes, explain: _____

Medical Concerns/Activity Restrictions: Y N

If yes, explain: _____

Emergency Contact and Relationship: _____

Emergency Contact Primary Phone: _____

THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS. Calvin Crest Conferences (hereinafter, "Calvin Crest"), offers an array of camp and conference services and facilities. While Calvin Crest strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural and rustic setting of Calvin Crest. By signing below, I attest that I have fully disclosed all known health conditions that may affect Participant's participation in the Calvin Crest camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of physician's examination, within six months of the scheduled conference or camp. I acknowledge that Calvin Crest shall not be responsible for personal belongings or money that is lost or stolen during a camp or conference. In the event of medical emergency, I hereby give permission to Calvin Crest (and physicians/nurses/staff/volunteers selected by Calvin Crest) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant may fully participate in conference and or camp activities, both on and off Calvin Crest grounds, except as otherwise noted on the conference or camp application. I also give Calvin Crest permission to use Participant's photo or video recording in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Calvin Crest, or on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Calvin Crest, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I hold a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM NEGLIGENT ACTS OR FAILURES TO ACT BY CALVIN CREST AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS.** The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

PARTICIPANT SIGNATURE _____

PRINT NAME _____ Date _____

Men's Camp

November 2-4, 2018

Registration Options

Select One

Cedar Lodge \$175

Do you request a first floor room?

YES NO

Do you request a handicapped accessible room?

YES NO

Mtn View Cabin \$150

Do you request a handicapped accessible cabin?

YES NO

Westview Cabin \$99

Lodging Descriptions

Cedar Lodge. Hotel style rooms with private baths. 2-3 men per room. Bed and bath linens provided.

Mountain View Cabin. Carpeted cabin suites with private baths. 2-4 men per suite. Guests provide bed and bath linens.

Westview Cabin. Traditional rustic cabins with centrally located restroom facility. 6-8 men per cabin. Guests provide bed and bath linens.

Payment Information

A non-refundable/non-transferable deposit due upon registration: \$75 per person.

Payment Type: **Visa, MasterCard or Mail Check**

Amount to be charged: \$ _____

Name _____

Card # _____

Exp Date month _____ year _____

Billing Address _____

Cardholder Signature _____

Registration and balance due two weeks before event start date.

Roommate Request

Single occupancy not available.

Roommate Request _____

Additional Request _____

Visit our website at
www.calvincrest.com
for more information!