



# Fortune Lake Lutheran Camp Retreat Program Registration

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Adult \_\_\_\_\_ Youth \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**In order to confirm your registration, deposit or full payment must be**

**enclosed \$ \_\_\_\_\_ Deposit Enclosed OR \$ \_\_\_\_\_ Full Payment**

Enclosed Check # \_\_\_\_\_ OR If you want to pay by credit  
card, please phone the office.

**Mail or Email completed Registration form and  
payment to:**

Fortune Lake Lutheran Camp  
138 Fortune Lake Camp Rd.  
Crystal Falls, MI 49920-9389  
906 214 2267  
[officemanager@fortunelake.org](mailto:officemanager@fortunelake.org)

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Lodging Assignment: \_\_\_\_\_

Notes:

## Permission & medical authorization

\_\_\_\_\_ has my permission to take part in the \_\_\_\_\_ event on the dates of

\_\_\_\_\_ at Fortune Lake Lutheran Camp and related areas. I hereby authorize Adult leaders of the event to consent to emergency medical treatment and to routine medical care for the named child attending this event. I/we retain responsibility for any and all bodily injury, loss or damage of personal items enroute to and from, and during this event. Permission is also granted for the use of photographs, video and electronic images of your family or individual family members to be used for promotional purposes both on and off the internet.

No one will be discriminated against because of race, color, age, sex, disability or national origin.

MEDICAL INFORMATION: (Allergies, Medications, etc.):

Parent/Guardian signature \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Insurance Policy # \_\_\_\_\_