



Fortune Lake Lutheran Camp Retreat Program Registration

Event Registering for: _____ Event Date: _____

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Adult _____ Youth _____ Birth date _____ Grade _____ Gender _____

Parent / Guardian / Emergency Contact Name/s _____

Phone/s _____

To confirm your registration, submit with deposit (balance due 1 week prior to event) or full payment with this completed form.

\$ _____ Deposit Enclosed Check # _____ OR \$ _____ Full Payment Enclosed Check # _____

OR to pay by credit card, phone the office (906) 214-2267.

Mail completed Registration form and payment to:

Fortune Lake Lutheran Camp, 138 Fortune Lake Camp Rd., Crystal Falls, MI 49920-9389

or Scan/Email to: officemanager@fortunelake.org

Permission and Medical Information/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.

Parent/Guardian signature _____ Emergency Phone Numbers _____

Insurance Carrier _____ Insurance Policy # _____

MEDICAL INFORMATION: (Please attach additional sheet if needed)

ALLERGIES to FOOD: NO / YES / Life Threatening: Please describe: _____

ALLERGIES to MEDICATIONS: NO / YES / Life Threatening: Please describe: _____

OTHER Health, Medication or other issues we need to be aware of: _____