



Family Camp Registration Form

Headwaters Mission Center Gathering Ministries Event



Event Year _____

Check gathering you are registering for

Family Camp at Eagle Lake Oak Hills

Please List those attending

First Name	Last Name	17 and Under		Check Days Attending
		Age	Grade	
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F
				All S Su M T W Th F

Contact Information

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Contact Phone Number: _____

Contact Email: _____

Lodging Information

Eagle's Nest (Eagle Lake Only - lodge rooms for 1-4 people (priority to those with physical limitations and infants) Physical Limitations Infant

Supplied Trailers (Eagle Lake Only available already on site in limited numbers)
List trailer, if known, you'd like to reserve: _____

Dormitory (Eagle Lake Only - Men's and Women's)

Bringing own (location, list here: _____

Motorhome/large-trailer Pop-up style trailer Tent
(Need: Pad (Eagle Lake Only) electricity sewer/water (Eagle Lake Only))

Staying off site (i.e. Motel)
Location (if known) _____

Parental Permission (for under 18 attending without a parent/guardian)

My son/daughter, listed above, has my permission to attend the Family Camp checked above. My child understands and agrees to abide by event rules. The adult(s) listed below have agreed to be responsible for my child(ren) during the Family Camp.

Adult: _____ Adult _____

You MUST provide a signed "Temporary Guardianship Authorization for Care of Minor" for each child (under 18) attending without parent or guardian.

Temporary Guardianship Authorization for Care of Minor
Event: Headwater Mission Center Family Camp

I, the undersigned parent(s)/guardian(s), _____,
Parent(s) or Guardian(s) Name

of _____, _____, _____, _____,
Address City State Zip

hereby grant _____, of
Name of Caretaker

_____, _____, _____, _____,
Address City State Zip

the authority to take temporary care of the following child(ren):

This grant of temporary authority shall begin on _____, and shall remain effective
Beginning Date
through _____.
Ending Date

The above named Caretaker(s) shall have the power to:

- seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits
- authorize medical treatment or medical procedures in an emergency situation

Dated: _____

Signature of Parent(s) or Guardian(s) Print Name

Signature of Parent(s) or Guardian(s) Print Name

Home Phone: _____

Work Phone: _____ Hours: _____

Work Phone: _____ Hours: _____

Emergency Contact:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____