

THE NATIONAL PRESBYTERIAN CHURCH

Registration, Emergency Contact, and Medical Authorization

Ligonier Family Retreat

Name of participant: _____ **DOB:** _____

Parent(s): _____ **Accompanying?** _____

Phone numbers: (home) _____ (cell) _____

Email: _____

Name of participant: _____ **DOB:** _____

Parent(s): _____ **Accompanying?** _____

Phone numbers: (home) _____ (cell) _____

Email: _____

Name of participant: _____ **DOB:** _____

Parent(s): _____ **Accompanying?** _____

Phone numbers: (home) _____ (cell) _____

Email: _____

Name of participant: _____ **DOB:** _____

Parent(s): _____ **Accompanying?** _____

Phone numbers: (home) _____ (cell) _____

Email: _____

Name of participant: _____ **DOB:** _____

Parent(s): _____ **Accompanying?** _____

Phone numbers: (home) _____ (cell) _____

Email: _____

Costs per participant: \$145 couple;
\$72.50 single adult; \$32.50 kids ages 12;
\$17.50 kids ages 4-11; No fee age 3 and
under

Payment Method: __cash __check
Total Enclosed: \$ _____

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Name of participant: _____ **DOB:** _____

Address: _____

Phone numbers: (home) _____ (cell) _____

Email: _____

Known allergies/health conditions: _____

Physician's name and address: _____

Physician's phone number: _____

Medical Insurance Company: _____

Group Policy #: _____

Group or ID #: _____

Other contacts in event of emergency:

Name: _____

Relation: _____

Phone: _____

I understand that Ligonier Camp and Conference Center may not be held responsible for accident, injury, or illness. In the event of an emergency, accident, injury, or illness, I authorize permission to seek emergency treatment for _____ (participant's name).

Signature of participant: _____

(Or parent/guardian if participant is under 18 years of age).