

Austin Celebration #12: Participant Application

Camp Buckner, Burnet Texas
September 4th – September 6th, 2010

**Because of numerous preparations we need you registered ASAP.
Registration is on a first-come-first-serve basis. Space is limited.**

Name _____ Name you go by _____

Date of birth _____ Gender _____ Parents' names _____

Home Address _____ City, State, Zip _____

Your home phone _____ Your School _____ Grade(in fall '10) _____

Your E-mail address (if you have one) _____ T-shirt size _____

Your Parent's E-mail address _____

Extra-curricular activities, hobbies and interests (*write tons! At least 10 please*)

Home Church _____ Your Pastor _____

Celebration is an opportunity to explore your faith and experience the love of Christ. If you're able to attend Celebration #12, you agree to:

- ◆ Exhibit appropriate behavior and actively participate in activities during the weekend
- ◆ Refrain from use of any illegal drugs, alcohol, or tobacco products
- ◆ Accept and respect the decisions of the adult leaders during weekend
- ◆ Stay at the camp the entire weekend

We're excited that you want to come to Celebration and look forward to seeing you there!

Participant signature _____ Date _____

Parent/guardian signature: _____ Date _____

Parents/Legal Guardians:

Please read the Parental Details and complete the Parental Consent on **BACK** of the application

Return this application and a \$150 check (no refunds after August 20th) to secure your space to:

Doug Congdon or Melissa Carter/Celebration Registrar

c/o Westlake Hills Presbyterian Church

7127 Bee Caves Road, Austin Texas, 78746

(Fax: 328-4238) (Student Ministries Office: 327-6133)

Dougc@whpc.org or Melissac@whpc.org

Parental Details

The total cost for Celebration #12 is \$150.00, which covers all meals and lodging at Camp Buckner. Your student will not need to bring any additional money. Please make checks out to Westlake Hills Presbyterian Church, with the notation "Celebration #12 Participant Registration". Transportation will be provided to the camp from WHPC (meeting at WHPC at 3:00 pm on Saturday, September 4th). It's important that parents either provide (or make advance arrangements to have another responsible adult provide) transportation for their son/daughter home from Camp Buckner after the Monday afternoon closing service. Further details about the weekend will be provided when we confirm your student's participation. Applicants will be put on a waiting list if space is unavailable after August 1st.

Parental Consent

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by the Westlake Hills Presbyterian Student Ministries Department.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, lack of proper behavior or other reason, the undersigned shall transport our (my) child home from the retreat site or assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Westlake Hills Presbyterian Church Student Ministries Department.

In signing this form, I am also granting my permission to WHPC to take photographs and videos of my child to be used on their website and other media-related publications.

Parent/Legal Guardian

Date

Medical Insurance Company _____ Policy Number _____

Emergency Phone Numbers _____

Please list any allergies or special medical problems your student may have: _____

Other Concerns: _____
