

CAMP ALEXANDER MACK, INC.

Retreat & Get-A-Way Day Registration

Register at campmack.org—Click Register Online

(All fields required— This may not be used for Grand Camp or Summer Camp)

EVENT NAME: _____ Date: _____
Name: _____
Date of Birth: _____ Phone: (____) _____
Address: _____
City, State, Zip: _____
Email: _____
Allergies: _____
Special Needs/Accommodations: _____

If Participant is a minor: (Emergency contact also required):

Parent Name: _____ Phone: (____) _____
Emergency Contact: Name: _____ Phone: (____) _____

Event Cost: _____ Amount Enclosed: _____

Check payable to Camp Mack— Mailing Address: P.O. Box 158 Milford, IN 46542

Waiver and Release Statement: I/We waive any claim for me/us or my/our child that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees. I give permission for me/us and/ or my/ our child to be photographed and/or video taped for promotional purposes of the camp.

Participant Signature (parent/guardian if participant is a minor):

Name: _____ Date: _____

CAMP ALEXANDER MACK, INC.

Retreat & Get-A-Way Day Registration

Register at campmack.org—Click Register Online

(All fields required— This may not be used for Grand Camp or Summer Camp)

EVENT NAME: _____ Date: _____
Name: _____
Date of Birth: _____ Phone: (____) _____
Address: _____
City, State, Zip: _____
Email: _____
Allergies: _____
Special Needs/Accommodations: _____

If Participant is a minor: (Emergency contact also required):

Parent Name: _____ Phone: (____) _____
Emergency Contact: Name: _____ Phone: (____) _____

Event Cost: _____ Amount Enclosed: _____

Check payable to Camp Mack— Mailing Address: P.O. Box 158 Milford, IN 46542

Waiver and Release Statement: I/We waive any claim for me/us or my/our child that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees. I give permission for me/us and/ or my/ our child to be photographed and/or video taped for promotional purposes of the camp.

Participant Signature (parent/guardian if participant is a minor):

Name: _____ Date: _____