## CAMPER APPLICATION CAMP RAIN

Circle one: Male/ Female Age_ Mailing Address City/State/Zip:	Phone:Phone:	Date Received: Insurance Card: Yes No
Please attach a list of all medical conditions and medical Insurance Company Insure Initial if your child can be administered OTC Meds CAMPER FOR LICE AND TREAT BEFORE THEY COME! EACH CAMPART PEES (APPROACH)	Who do you wish to room with?  1  2  3  What church do you attend?	
Child Sizes: Adult Sizes: SmallSmall MediumMedium LargeLarge XL 2X 3X	Address to camp: 626 Bennett Cemetery Rd	Registration Fee: (includes price of camp t-shirt)  \$150  All requests for refunds must be made in writing.  Total Enclosed:

I have had sufficient opportunity to read this entire document and its terms and conditions as indicated. I have read and understood it, and lagree to be bound by its terms.  [print campers name] ("Minor") being permitted by Rain Unlimited/Camp RAIN to participate in its activities and to use its equipment and facilities, if urther agree to indemnify and hold harmless RAIN Unlimited/Camp RAIN to may and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.  PARENT/GUARDIAN TERMS AND CONDITIONS  In Consideration of the services of Camp RAIN/RAIN Unlimited, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities eacting in any capacity on their behalf (hereinsafter collectively referred to as "Camp RAIN") I hereby agree to release, indemnify and discharge Camp RAIN, on behalf of my spouse, my children, my parents, my heirs, assigns, personal representative, and estate as follows:  1. Lackrowledge that rundors or deventure based activities such as, paintability, or arits, horseback riding, organized games, hiking archer to the company of		one is hurt or property is damaged during my participation in a lawsuit against RAIN Unlimited/Camp RAIN on the ba	
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