

Registration for Camp Onomia 9th Grade Confirmation Retreat

Long Lake Lutheran Church Confirmation – Meet at Church at 6:30 p.m. on October 9th and return to church at 3:30 p.m. on the 10th.

Last Name _____ First Name _____

Middle _____ Address _____

City _____ State _____ Zip _____

Telephone _____

Email Address _____ @ _____

Age _____ Birth Date ____ / ____ / _____ Parental Release: I hereby acknowledge that I am the parent/guardian of the above person and give permission for the above named to attend the program listed. I understand that Camp Onomia only provides secondary insured accident coverage, and that family insurance assumes primary coverage. I give camp staff permission to seek professional medical assistance for my child in case of emergency. I give permission for Camp Onomia to use images of my child in camp printed and electronic promotional materials. I understand that I will be asked to pick up my child if behavior is disruptive to camp community and that I will be held liable for damages resulting from inappropriate behavior.

Parent Signature: _____

Parent name printed _____

Cell Phone: _____

Special Needs/ Food Allergies

Insurance information _____

Payment (\$68) Cash _____ Check _____ Youth Account _____ or

I am requesting scholarship _____