

# 1829 Colorado Camp 2021 Registration Form



Young Adults 18-29 years old (& 17 year old grads) \* June 5-12, 2021  
a week of hiking & worshipping in the Rocky Mountain National Park. Text @bethel1829 to 81010 for info.  
Cost: \$1250 / \$250 deposit & application due 2/7/2021 / \$1000 balance due 5/2/2021



Participant's Name \_\_\_\_\_  
Participant's name EXACTLY as it appears on travel/flight identification (passport or driver's license)

Preferred Name \_\_\_\_\_ Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

000-000-0000  
Date of Birth \_\_\_\_\_ Age as of June 12, 2021 \_\_\_\_\_ DL # \_\_\_\_\_

MM/DD/YYYY

Emergency Contact  
Name & Phone # \_\_\_\_\_

Pertinent Medical History/Condition(s) \_\_\_\_\_

Special Instruction for Above \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medications (List & Instructions) \_\_\_\_\_

***FILL IN THE CONTACT INFORMATION BELOW IF PRESENTLY UNDER A DOCTOR'S CARE.***

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

000-000-0000  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## AUTHORIZATION

I hereby give permission for Bethel Baptist Church officials to call a doctor or emergency medical service, and for the doctor, hospital, or medical service to provide emergency medical and surgical care for the participant should an emergency occur. It is understood that Bethel Baptist Church officials will make a conscientious effort to locate the emergency contacts listed on this authorization document before any action will be taken. If it is not possible to locate emergency contacts listed, I will accept the expense of emergency medical or surgical treatment. I give my authority and consent for Bethel Baptist Church officials to treat the participant for headache, fever or upset stomach with appropriate non-prescription medicine. I assume all responsibility of notifying Bethel Baptist Church officials of any change in the health condition and medications of the participant in writing prior to this event. I give permission to Bethel Baptist Church to include images of the participant in church-sponsored promotional media such as newsletters, bulletins, posters, flyers, social media & websites. I understand that the trip deposit is non-refundable.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If Participant is under 18 years of age at any time during the trip, their legal guardian must certify the above information & authorization by completing below.

## Guardian Information

Phone \_\_\_\_\_ Email \_\_\_\_\_

000-000-0000  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

## BETHEL OFFICE USE ONLY

Deposit Paid Date _____	Method: check# _____	cash	Amnt Paid _____
Balance Paid Date _____	Method: check# _____	cash	Amnt Paid _____