2011 RETREAT REGISTRATION INFORMATION
(also available online at www.lutherwoodoregon.org)

Cost and Refunds
The program fee is due at the time of registration meaning there is no deposit amount. A refund of 50% will be given to campers who notify camp one week in advance that they are unable to attend.

GROUP Registrations:
Please fill out a form for each of your campers and for each adult chaperone attending the camp. Chaperones are free of charge if you bring one chaperone for each 5 campers in your group. Additional chaperones are asked to help cover food costs with a $30 fee. Please work to bring male and female chaperones as needed by your group for cabin sleeping arrangements.

We understand the dynamics of not always knowing who is coming from your church till the last minute. We recommend Youth Leaders call or email our office with your best guess of camper numbers and we will work with you to hold a deposit and reserve space for your group.

Confirmation of Registration
A confirmation letter of payment, a health form, and welcome packet will be sent via email to confirm your camp registration. We recommend adding – registration@lutherwood.org to your safe email list to ensure that you receive this information. Health Forms can be sent back at anytime or brought with you to the retreat. Churches and groups are welcome to bring their own health forms.

Retreat REGISTRATION FORM

CAMPER NAME: _____ **M ( ) F ( ) DATE OF BIRTH:** ____/____/____

GRADE CURRENTLY IN: _____

PROGRAM REGISTERING FOR: _____ **Dates:** _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL:** _____

EMAIL ADDRESS: _____

HOME CHURCH/CITY: _____ **ANY DIETARY CONCERNS? NO YES**

IF YES, PLEASE DESCRIBE:

My child has permission to participate in all camp programs, challenge course activities, camp trips, and special outings planned and supervised by Camp Lutherwood. I understand that there might be risks and dangers connected with some of the activities that are conducted at Camp Lutherwood both on trips and special outings away from Camp Lutherwood. I agree to release the Camp, its owners, directors, and its employees from any liability, legal actions or claims which I or my child have, or might have, for any damage or injury to the child as a result of being enrolled as a camper at Camp Lutherwood, or from participating in any activity that results in damage or injury to my child or loss or damage of personal property, whether caused by the negligence of Camp Lutherwood, its owners, directors, employees, agents or otherwise. The agreement is deemed to be entered into the State of Oregon and to be governed and enforced pursuant to Oregon law. I understand that this agreement will be governed by and construed in accordance with the laws of the state of Oregon. I submit to the exclusive jurisdiction of any court of the state of Oregon located in the county of Lane for the purpose of any suit, action, or other proceeding, including those for personal injuries, arising from or related to the Camp or this agreement. I agree that in any event that I take legal action against Camp, which is decided in favor of Camp, I will be responsible for all legal fees, court costs and out of pocket expenses of camp, its owners, and employees. I consent to the use of any photograph or video recording of my child or family in future Lutherwood promotions. Per Privacy rules, Lutherwood will keep the identity of my child private.

PARENT/GUARDIAN SIGNATURE _____ **DATE:** _____

Camp Cost $_____
*Donation $_____

Balance Due: $_____

Please Contact us with any questions or concerns:
Camp Lutherwood Oregon PH 541-998-6444
22960 HWY 36
Cheshire, OR 97419
541-998-6444
office@lutherwood.org

www.lutherwoodoregon.org

Upcoming Programs:

Fall 2011 Middle School Recharge Oct 7-9, 2011 - $85

Spring High School Recharge – April 15-17, 2012 - $90

For Credit Card Payments, please complete the following:
Charge $_____ to my card. **VISA or Mastercard**

Card # _____

EXP date____/____ Billing Zip Code_____