

The Episcopal Diocese of Montana

Camp Marshall Registration

CAMPER DATA:

Program:

First name:

Last name:

Street:

City:

State:

ZIP:

Home phone:

Gender: M F

Birth date (mm/dd/yyyy):

Grade next fall:

List any special dietary needs:

Applying for scholarship? Y N

T-shirt size:

Bunkmate request:

Last

First

Middle

Nickname

PARENT/GUARDIAN DATA:

First name:

Last name:

Preferred phone: H:

W:

Cell:

Preferred email address:

FAMILY CAMP:

First name:

Last name:

Street:

City:

State:

ZIP:

Preferred phone: H:

W:

Cell:

Preferred e-mail address:

Number in group:

Arrival date (arrive after 1 p.m. - mm/dd):

Departure date (depart cabin by 11 a.m. – welcome to stay for lunch):

First names and birth dates of children: (mm/dd/yyyy):

List any special dietary needs:

Note: If there is a person who is not authorized to have contact with your child, please provide the camp director with relevant documentation.

Parent/guardian permission: I give permission for my child to participate in all activities, field trips, swimming activities and to be transported as part of the Camp Marshall or Youth Programs experience. I also give my permission for the Episcopal Diocese of Montana to use any photographs and/or videos of my child for future promotional purposes.

Camper behavior: I realize that the Camp Marshall Youth Program is an experience of living in Christian community. Out of respect for myself and other campers I give my word to live by these non-negotiable norms. I realize that if I choose not to live by these norms, I risk being sent home at my parents' expense.

- No illegal drugs, tobacco products or alcohol, firearms, weapons, or fireworks.
- No girls in the boys' area or boys in the girls' area, after hours.
- Stay on camp property (unless with a supervised activity).
- No sex.

Youth Signature

Date

Parent or Guardian Signature

Date