

2017 YDR Registration

Aldersgate Camp

125 Aldersgate Camp Rd. Ravenna, KY 40472

(606) 723-5078

www.aldersgatecamp.org

office@aldersgatecamp.org



Registration

Deadline: 5:00pm Monday April 17, 2017

1. Fill out both pages of registration form and sign it.
2. Cost: \$110.00 per person
3. Each group is responsible for providing proof of liability insurance that will cover all that are attending YDR with your group.
4. Have each person attending YDR with your group complete the included Release Form.
5. Mail your completed registration form, release forms, proof of insurance, and camper fees to the above address.
6. Upon receipt of completed forms and fees, Aldersgate will email you registration confirmation.

We will accept registration forms until the camp is filled. In the case of individual cancellations, we must know about the cancellation a week before the retreat in order for you to receive a full refund. For any church group of 5 or more campers that cancels, 15% of the total cost will be kept as a processing fee.

Conditions of Contract

1. Each group will need to provide 1 adult counselor for every 7 youth.
2. Each person will need to bring his or her own personal articles, bed linens, towels, etc.
3. No alcoholic beverages, drugs, firearms, knives, fireworks, ATV's, etc. allowed on camp property.
4. Each group is liable for any damage inflicted on camp property. A minimum damage fee of \$25 per incident will be charged.
5. Camp is not responsible for theft or damage of personal items.

- By signing this form I am certifying that all information listed on the registration form is true.
- I will provide enough adult leaders/volunteers to maintain a 7:1 leader to youth ratio.
- All of my adult leaders/volunteers have undergone a background check within the past two years. If I do not have background checks, I will obtain forms from Aldersgate Camp and submit the completed forms to Aldersgate Camp with \$10.00 per form at least 7 days prior to the retreat, so Aldersgate may conduct background checks for me to insure the safety of all youth at YDR.
- I have read the Aldersgate Camp Release Form and agree to its terms. I am submitting a signed Release Form for each participant and leader sent to Aldersgate Camp with the registration form. I have emergency contact information for all of my youth.
- I will provide any special dietary, allergy, or behavioral concerns to Aldersgate Camp before the retreat to ensure the safety and well-being of the youth.
- I have also read the conditions of this contract above and agree to its terms. I understand the above permission form, agree to it, and I along with my youth will cooperate with the program and policies of Aldersgate Camp.

X _____

Youth Leader / Counselor Signature Date

Leadership Information (Groups must provide 1 chaperone for every 7 youth)					
Adult		Leader/Counselor #1		Leader/Counselor #2	
Name		Last Name		Last Name	
Address		First Name		First Name	
City		Home Phone		Home Phone	
State		Cell Phone		Cell Phone	
Zip		Email		Email	
Phone		Shirt Size		Shirt Size	
		Allergies		Allergies	

	Camper Name	Grade	M/F	Shirt Size	Allergies
Camper #1					
Camper #2					
Camper #3					
Camper #4					
Camper #5					
Camper #6					
Camper #7					
Camper #8					
Camper #9					
Camper #10					
Camper #11					
Camper #12					
Camper #13					
Camper #14					

If additional room is needed for campers, please make copies of this page.

No specific housing is guaranteed. Aldersgate Camp will place groups in facilities, but groups are responsible for assigning roommates. The entire group may or may not be in one facility. Housing will be arranged according to gender.



Aldersgate Camp & Retreat Center

125 Aldersgate Camp Rd, Ravenna, KY 40472 (606) 723-5078 www.aldersgatecamp.org

Release Form (Must be completed by each guest)

In acknowledgement of the services of Aldersgate Camp & Retreat Center, its employees, facilitators, and Board of Directors; the Trustees of the Kentucky United Methodist Conference; and all other persons or entities associated with Aldersgate, hereafter referred to as "Aldersgate", I certify that I agree as follows:

I agree to release Aldersgate from all liability while I am working as a volunteer and/or participating in any activities, including but not limited to: zip-line, adventure course, high ropes course, animal activities, horseback riding, caving, rock climbing, canoeing, swimming, hiking, camping, field activities, sporting activities, playing in the creek, hayrides, and transportation. Aldersgate has taken reasonable steps to provide me with appropriate equipment and skilled facilitators so I can enjoy activities for which I may not be skilled. Aldersgate has informed me that these activities are not without risks. The same elements that contribute to the unique character of these activities can be causes of loss or damage to my equipment; accidental injury and/or illness; and/or in extreme cases, permanent trauma or death. Aldersgate does not want to frighten me or reduce my enthusiasm for any activity, but believes it is important for me to know in advance what to expect and to be informed of inherent risks.

I agree to assume and accept full responsibility for the inherent risks, both those herein identified and those not specifically identified. My participation in these activities is purely voluntary; no one is forcing me to participate. I elect to participate in spite of and with full knowledge of these risks.

I acknowledge that engaging in these activities may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that Aldersgate staff have been and will be available to more fully explain to me the nature and physical demands of each activity and the inherent risks, hazards, and dangers associated with these activities.

I certify that I am fully capable of participating in these activities I elect to participate. Therefore, I assume and accept full responsibility for myself and those under my care, custody and control, including all minor children, for any bodily injury, death and/or loss of personal property and expenses as a result of my negligence in participating in these activities.

I give permission for Aldersgate to take, copyright, utilize, and publish photographs and video of myself and those under my care with or without my name and for any lawful purpose to include publicity, illustration, advertising, and web content either in print or electronic form.

I certify that I have carefully read, clearly understood, and fully accept the terms and conditions stated herein. I acknowledge that this agreement shall be effective and binding upon myself; my heirs, assigns, personal representative, and estate; and for all members of my family, including minor children.

Participant Signature

Date

Parent/Guardian's Signature (if participant is under 18yrs old)

Date

Participant Information

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Emergency Contact: _____ Phone: _____