

# 2019 YDR Registration

## Aldersgate Camp

125 Aldersgate Camp Rd. Ravenna, KY 40472

(606) 723-5078

[www.aldersgatecamp.org](http://www.aldersgatecamp.org)

[office@aldersgatecamp.org](mailto:office@aldersgatecamp.org)



### Registration

**Deadline: 5:00pm Monday April 22, 2019**

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

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

	<b>Camper Name</b>	<b>Grade</b>	<b>M/F</b>	<b>Shirt Size</b>	<b>Allergies</b>
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.