

2018 WEC Man Camp Registration Form

Camper's Last Name _____ First Name _____

Home Address _____

City _____ State _____ Zip _____

*Email address: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT – In case of emergency, please contact:

Daytime Contact _____ Phone (_____) _____

Night Time Contact _____ Phone (_____) _____

*** Please note: 2018 Acknowledgement of Risk & Waiver – Man Camp MUST accompany this registration. Thank you!**

I authorize the Water's Edge Camp to render necessary routine first aid and medical care as required. In the event of an emergency, I give permission to the licensed physician chosen by the Water's Edge Camp to hospitalize, secure treatment, anesthesia, or surgery for the camper named on this form. I also give permission for the use of photographs and/or video of this camp to be used in camp publicity.

SIGNATURE REQUIRED _____

DATE _____



WATER'S EDGE

Camp & Conference Center
Eastern Michigan District
Church of the Nazarene

Water's Edge Camp & Conference Center
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