

## 2017 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: 2017 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**  
**4171 Woodland Dr. Howell, MI 48855**  
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