



Participant Registration Form

Hammonasset Beach State Park
www.hammoconnect.com

NAME BIRTHDAY

ADDRESS CITY STATE ZIP

T-SHIRT SIZE (CIRCLE ONE) Small Medium Large XLarge XXLarge

EMERGENCY CONTACT PHONE

INSURANCE CARRIER POLICY NUMBER PHONE

PERMISSION TO ATTEND AND PARTICIPATE

I understand and certify that my/my child's participation at the Hammonasset Youth Weekend Camp Out (Event) and its activities is completely voluntary. I recognize that there are a variety of activities that will take place. I acknowledge that although the Event Officials have taken reasonable safety precautions, they cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of accidents and/or injuries.

I further recognize and understand the importance of knowing and abiding by the campground's rules, regulations, and procedures for the safety of Hammonasset participants.

If I am signing this form as the parent or legal guardian of a participant, I acknowledge having instructed my child in the importance of knowing and abiding by the campground's rules, regulations, and procedures for the safety of Hammonasset participants.

My signature indicates that I understand the above statement and that I hereby give permission to the medical personnel selected by my church's youth leader or members of the Event Planning Committee or their representatives to order x-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for me or my child. In the event that I am unable to communicate, or cannot be reached to make decisions on behalf of my child in any emergency, I hereby give permission to the physician selected by my church's youth leader or the Event Planning Committee to secure and administer treatment, including hospitalization of my child, or me if I am the injured person.

During the Hammonasset event, group and individual photographs or electronic images may be taken and displayed as part of the program. I grant permission for photos or electronic images of me or my child to be taken and used in this manner. I understand that these photos or electronic images may appear on the New England Synod website or in other forms, and may be used in promotional materials for the New England Synod Hammonasset event.

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE