

# DIOCESAN CANOE TRIP ADULT REGISTRATION FORM

**CAMP 1 (JULY 19-21, 2009)**

**CAMP 2 (JULY 21-23, 2009)**

(Select a camp)

Name \_\_\_\_\_ Male or Female (circle)

Mailing Address \_\_\_\_\_ Age (if under 25) \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Parish \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Would you like an official canoe trip t-shirt? (Circle one) YES NO Cost is \$10.00

SIZE: (Circle One) S M L XL XXL XXXL

**(\$10.00 must be included with your registration fee!)**

\_\_\_\_\_ I want to be a sponsor, and I have a vehicle I can drive

**A volunteer driver form must be completed for all drivers.**

\_\_\_\_\_ I want to be a sponsor, but I do not have an available vehicle.

\_\_\_\_\_ I cannot go on the trip, but I have a vehicle you can use.

\_\_\_\_\_ I want to be a cook. (Leaves for camp earlier to set up, doesn't canoe.)

*We have use for both vehicles with high seating capacity and those with lots of room for baggage and supplies, like trucks and SUVs...no 15 passenger vans are permitted.*

What kind of vehicle will you be bringing? \_\_\_\_\_

How many passengers does your vehicle hold, including the driver? \_\_\_\_\_

Do you have a tent you could bring? (Circle one) YES NO

**IF YES**, how many will it sleep? \_\_\_\_\_

**Please complete the following.** If information below does not pertain to you, **do not leave blank, place N/A on appropriate line.**

Allergies \_\_\_\_\_ Special needs \_\_\_\_\_  
Special diet \_\_\_\_\_ Medications (including inhalers) \_\_\_\_\_

(Medications must be in original containers)

**Emergency contact :** Name \_\_\_\_\_

phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

**Medical Permission and Release**

In case of medical emergency, I hereby give my permission to the personnel selected by the Diocese of Lincoln Canoe staff to secure proper treatment. I further understand and agree that Canoe personnel, the Diocese of Lincoln, their agents and assigns are not responsible for thefts, losses or physical harms to campers. I expressly agree to indemnify and hold harmless Canoe Trip personnel, the Diocese of Lincoln, their agents and assigns for any of the foregoing. I understand and agree to Canoe Trip personnel reserving the right to end the stay at camp for any camper.

Signature \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

I also understand that possessing alcohol or drugs, or engaging in immoral sexual activity may lead to my being asked to leave the camp.

Date \_\_\_\_\_ Signature \_\_\_\_\_

After the registration deadline, you will receive additional camp information.

Transportation will be arranged as determined by the location of campers. We will begin planning this shortly before July 18, 2008. We will be in touch with you to coordinate carpooling

*The adult registration fee is \$30.00. (If you indicated you would like a t-shirt, the total cost is \$40.00 for adults.) If an adult sponsor is driving, he/she may submit gas receipts to the Family Life Office for reimbursement. Please return this form with your \$30.00 or \$40.00 check to:*

Family Life Office  
3700 Sheridan Blvd #6  
Lincoln, NE 68506

If you have questions, please call (402) 488-2040, ext. 302

**The registration deadline is: July 7, 2009**