

Victory Baptist Church

2025 Winter Retreat Registration Form

This registration form must be completed and submitted upon payment of your registration fee.

The registration fee is **NON-REFUNDABLE**. Each camper and their parents must sign the registration form. The registration process is not complete until the form and the fee are submitted.

Make checks payable to Victory Baptist Church.

Name: _____ Phone: _____

Address: _____ City: _____

Age: _____

Emergency Phone: _____

Last Tetanus Shot: _____

Medication Allergies: _____

Other Allergies: _____

Medications Taken Regularly: _____

Reasons for Taking Medications: _____

Special Physical Conditions: _____

(Example: Asthma, etc.)

Insurance Company: _____

Principle Policy Holder's Name: _____

Policy Number: _____

My child has permission to attend the Winter Retreat of Victory Baptist Church.

You have my permission to administer medication, as my child needs it. I also authorize you to act for me according to your best judgment in an emergency requiring medical attention.

Parent or Guardian's Signature: _____

I agree to abide by all camp rules set forth by the Retreat staff and will be a willing, cooperative camper.

Camper's Signature: _____

***You will receive an additional information sheet before the retreat with general guidelines, information on what to bring and other requirements.