

# 2009 Summer Conference Registration Form

(use mail-in form only if no web access)

Time crunch? Register instantly online and pay securely by credit card, debit card, or check!

Go to: [www.silverlakect.org](http://www.silverlakect.org) and click on "Register"

## Conferee Information

\_\_\_ Male \_\_\_ Female

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade entering in September 2009 \_\_\_\_\_

Email address \_\_\_\_\_ (Conferee or Parent/Guardian)

## Parent/Guardian Information

Parent/Guardian #1 Name \_\_\_\_\_ Cellular: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Cellular: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

### This Section For "Family Camp" conference only (parents listed above)

Child #2 \_\_\_\_\_ male/female Grade \_\_\_\_\_ age \_\_\_\_\_

Child #3 \_\_\_\_\_ male/female Grade \_\_\_\_\_ age \_\_\_\_\_

\*\*\*\*\* The cost of attending "Family Camp" is \$165.00 per person \*\*\*\*\*

Local Church Name \_\_\_\_\_ Church Town \_\_\_\_\_

UCC Pastor's Name or Christian Education Director's Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

## Conference Choices

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

### Payment:

Please make checks payable to: SLCC and mail with this completed form to 223 Low Road, Sharon, CT 06069. Each conference costs \$385.00, unless otherwise noted on the schedule. A non-refundable \$100.00 deposit must be sent with each registration form. Each person needs their own registration form. All conference fees need to be paid in full by June 10, 2009.

I'd like to make a special donation to the SLCC Ministries (not the Capital Campaign) in the amount of \$ \_\_\_\_\_

Please add this to my credit card payment.  I have added this donation to my check payment

MC  VISA  Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name & Address of cardholder \_\_\_\_\_

Signature: \_\_\_\_\_

Total: \$ \_\_\_\_\_ (Please contact your local church and / or Silver Lake for scholarship information if needed)

Office Use Only: Date Received: \_\_\_\_\_ Deposit Amount Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_

**Please complete both sides of this form**

# Releases and Concerns

Child's Name \_\_\_\_\_

## Photo/Video Release

We take photos and video of the conferees involved in camp activities. These photos (including their Conference photo) and videos are part of the week's slide show, and may only be used for the above or Silver Lake's promotional materials. The names of the children are not published. Please check one of the following and sign below.

\_\_\_\_\_ I **give** my permission for photos/video to be taken of my child \_\_\_\_\_  
to be used in Silver Lake videos, on the website, or in printed materials. Child's name

\_\_\_\_\_ I **do not** give my permission for photos/video to be taken of my child \_\_\_\_\_  
to be used in Silver Lake videos, on the website, or in printed materials. Child's name  
I understand that my child will not be in or receive a group photo of his/her conference.

## Challenge Course Release

(check out complete description at: [www.silverlakeect.org](http://www.silverlakeect.org))

**NOTE: Both high and low ropes challenges are included in most conference schedules.**

\_\_\_ I give my permission for my child to participate in High and Low Challenge Course Activities.

\_\_\_ I **do not** give my permission for my child to participate in the High and Low Challenge Course Activities.

## Special Needs/Concerns

Allergies \_\_\_\_\_

### •••IMPORTANT•••:

In order to best attend to your young person's needs, we ask you to please list all concerns, challenges or health issues she or he might have (physical limitations, trauma, family situation, health problems, etc.) All personal information is restricted to those who need to know in order to provide a safe, healthy, positive experience for all summer conference participants. **Please list and provide an explanation:** (It is crucially important for the Co-Directors to know, in advance, if a child has had significant issues at school, home, or in other programs. Please be candid so that we may be prepared with the proper resources to meet his/her needs.)

•Has your child ever been to sleep away camp before? Yes / No (circle one)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if my child engages in drug use, alcohol use, abusive language, inappropriate sexual behavior, aggression toward another person, or is in possession of firearms or fireworks, he/she will be asked to leave Silver Lake immediately at my expense and I will be responsible for transportation.

Parent or Guardian Name (please print) \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_