



Senior Day REGISTRATION FORM



August 30, 2017 10 am – 3 pm

- Full payment is required at the time of registration and is non-refundable, unless you are on the waiting list.
- Registrations are limited and space is filled on a first come, first served basis.
- Want to stay overnight the day of the Senior Day? Call us for rates and availability at: 262-248-3600

Participant Information: Please Print Neatly

Person One: _____
Last Name First Name Middle Initial

Home Phone: (_____) _____ Cell Phone: (_____) _____

Mailing Address: _____
Address City St Zip code

Person Two: _____
Last Name First Name Middle Initial

Home Phone: (_____) _____ Cell Phone: (_____) _____

Mailing Address: _____
Address City St Zip code

Email addresses: _____
Person 1 Email address Person 2 email address

Attending with: Libertyville Cov. Village The Holmstad Windsor Pk Other group/church group _____

Not with a group? (list name of the church you attend) _____

Allergies? (food, drug, environmental) Please list type of allergy, with name of person _____

If food allergy: Mild/preference/guest can self-manage Moderate/guest can self-manage Serious/life threatening

Mobility Issues? Describe: _____

Release and Waiver of Liability – Must be signed by each person listed above.

I hereby give my consent to have the above-named Participant(s) fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Harbor recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Harbor has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Harbor nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant(s) as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant(s) should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant(s). I agree to allow Covenant Harbor to transport Participant(s) as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature/Person One: _____ Date _____

Participant Signature/Person Two: _____ Date _____

Payment \$25.00 per person (each person must be listed on a form, max. 2 people per form) \$25 x _____ = Payment Enclosed _____

Payment Method Check Enclosed, Payable to: **Covenant Harbor** or Visa Mastercard

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Security Code (last 3 digits on back of card) _____

Name on Card: _____

Authorized Signature: X _____

Mail registration form and payment to: Covenant Harbor ♦ 1724 W Main St ♦ Lake Geneva WI 53147