



2025 Compass Points Participant Registration Form

Congregation Name _____ **Trip Dates** _____

Please Return This To _____

With A Trip Deposit Of \$ _____

By _____

 First Name Last Name Gender Birthdate

 Address City State Zip

 E-mail Address Phone

 Parent's Name Preferred Phone

 Parent's Name Preferred Phone

 Dietary Concerns (Vegetarian, Allergies, Etc)

Medical Concerns (A Physical completed within 12 months of the trip date and Physicians Release is required for all participants, youth and adult. This is due two weeks prior to the trip.)

I/my child has permission to take part in all Compass Points activities under supervision of Rainbow Trail Lutheran Camp staff, and we agree that the camp or its personnel will not be held responsible for accidents arising therefrom. I give the camp staff permission to seek medical treatment for me/my child in case of injury or illness. I also give permission for the use of photographs, video, and electronic images of me/my child in camp publicity.

Participant Signature _____ **Parent/Guardian Signature** _____ **Date** _____

<u>Group Leader Use Only</u>			
Trip Deposit Rcvd	\$ _____	Date _____	Method _____
Trip Payment Rcvd	\$ _____	Date _____	Method _____
Trip Payment Rcvd	\$ _____	Date _____	Method _____
Trip Payment Rcvd	\$ _____	Date _____	Method _____
			Health Form Rcvd _____
			Physician Release Rcvd _____
			Rafting Release Rcvd _____
			Ropes/Rock Release Rcvd _____