

VISTA CHRISTIAN RETREAT - CAMP VISTA
 N3535 Corpus Christi , Campbellsport, WI 53010
 tel 920 533 4258 fax 920 533 4703
 www.campvista.org campvista@nconnect.net

REGISTRATION FORM (GROUP)



*This form is for the records of **event organizers** and **Vista Retreat** only
 (Fond Du Lac Health Department requirement)
 (please print)*

GROUP/EVENT name _____ estimated number of people _____

Contact person/group leader first, last name _____

Address, City, State, Zip _____, _____, _____, ZIP _____

Telephone numbers tel: (____) _____ cel:(____) _____ fax: (____) _____

Arrival date ____/____/____ time _____ Departure date ____/____/____ time _____

E-mail _____@_____

PERSONS RESPONSIBLE FOR :

In order to comply with state code HFS 175, each group wishing to use the Vista must provide a person responsible for these areas.

Food Service (manage food preparation and storage): _____

Health Supervisor (emergency and routine care): _____

Water Activity (if applicable - copy of CPR and Lifeguard certification required): _____

Other personal responsibilities - if any:

RATES (effective June 13, 2011)

Age of participant	0 - 3 years old <i>infant rate</i>	4 - 10 years old <i>child rate</i>	11 and more years old <i>adult rate</i>
Overnight accommodation and day rental	Free	\$9	\$19 (or \$17*)
Day Rental only	Free	\$5	\$8

Discounts:

Forth and fifth and ... child (the youngest) from the same family does not pay anything - free

* Groups over 80 people paying adult rate will pay \$17 (discount \$2) per person per overnight

For overnight accommodation usually check in is 4:00pm and check out is 12:00 noon. Please call us to discuss possible different check in and check out time than mentioned above.

Before departure group must clean all camp areas used by the group (the cabins, meeting rooms, kitchen, bathrooms, chapel, campfire and other) by using camp cleaning equipment. A group might use an option not to clean used areas. In this case additional charges will apply (for example cleaning the cabin- \$25)

Enclosed is a nonrefundable deposit of \$_____ (\$250 requested for group of 25 people or more) payable to Vista Retreat

Date ____/____/____

Signature _____

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REGISTRATION FORM (INDIVIDUAL)



*This form is for the records of **event organizers** and **Vista Retreat** only
(Fond Du Lac Health Department requirement)*

(please print)

Name of your event/group _____ event first day ___/___/___

PARTICIPANT: First, Last name _____

IF UNDER 18: Birth Date ___/___/___, Parent/Guardian First, Last name _____

Address _____ City _____ State ___ ZIP _____

Contact information: tel: (____) _____

cel:(____) _____

fax:(____) _____ (optional)

E-mail _____@_____ (optional)

Medical conditions of above named enrollee that Vista Retreat and event organizers should be aware of: _____

Medical/liability release: Undersigned (herein after referred to as I) hereby certifies that the above named enrollee(s) is in good health and free from any communicable diseases. In case of medical emergency (taking place during the course of the event) I hereby give permission to representatives of Vista Christian Retreat and/or Vista Wee Yon Wa Untka (herein after referred to as The Vista) and/or organizers of the event to secure treatment for enrollee(s). I understand The Vista does not provide medical insurance or reimbursement for medical fees, and that my medical insurance or I am responsible for any and all such fees related to the medical treatment. I acknowledge that some of the activities, e.g. skiing, tubing, rafting, canoeing, swimming, skiing, horseback riding, tobogganing, hiking, biking, archery, air guns using, rock wall climbing and others, may entail known and unanticipated risks which could result in paralysis, death physical or emotional injury to enrollee(s) or to related third parties. I understand that such certain risk cannot be eliminated without jeopardizing the essential qualities of the activity. I agree and promise to accept all risks existing in activities and I elect to participate in the activities despite the risks - whether such risks are foreseen or unforeseen. I also understand that The Vista is not responsible for any consequences of misadventure/accidents of any means of transportation involved in the event. I, and on behalf of above named enrollee(s), our respective heirs, successors and personal representatives waive any and all claims against The Vista and I hereby release and agree not to sue: The Vista, its directors, group leaders, volunteers, any employees, any other The Vista representatives and /or event organizers from any and all liability for injury, death, loss or damage of personal property, or any other losses related to participating in the event. This registration provides The Vista and organizers of the event an authorization to use photos and videos above named enrollee(s) for promotional purposes. We strongly recommend that all enrollees purchase any TRAVEL INSURANCE* to protect against the risk of medical expenses, death, travel delays, trip cancellation, any damage, loss of baggage or personal belongings, etc.

Below date and signature of participant / or of a parent or guardian if participant is under 18

date ___/___/___

signature _____

Vista Retreat -Camp Vista must receive this filled form prior to the beginning of the event.

* Recommended insurance for the short term events: Travel Insured International, www.travelinsured.com tel: 1800-243-3174