Youth SML Adult SMLXL2X3X	1.Deposit:		\$	iorses	TOTAL (1+2) \$	\$	
JUDSON BAPTIST RET	REAT CENTER	1, 10330	Peter	son Road, St. Fr	ancisville, LA 7	0775	
TIA CAMPER INFORMATION	ON 2009	,	Wee	ek Attendir	ng Camp:	TIA	
Parents, please complete this fo with registration form. Thank yo		t to you	r child	's leader as he/s	he <u>must</u> have i	t to turn in	
Camper's Name	Sex:			Date of Birth:	Age:	Grade	
Name of one (1) Bunkmate:			Camper E-mail Address:		:	1	
Camper's Address:			City:		ST:	ST: Zip:	
Father's Name:			Mother's Name:				
Church Camper Attends:				Home Phone:			
Is Camper a Christian?			Is Camper a Church Member?				
Are Parents Christians? Mother	Mother Father			amper Swim? Ye	s No	(Check one)	
Any restrictions pertaining to water	er activities?						
I understand that ponies, mules, or death to persons around then acknowledge that I have volunta riding and other equine activities Baptist Retreat Center, and its e losses, expenses and costs resulting or other equine DATE:	donkeys and on. I have read, a rily assumed a sat Judson Bal mployees, officulting from any e activities.	other equand I un II risks optist Ref ers, rep injury, h	uine b dersta of inju- treat C resent narm c	and, the "Warnin ry, harm, or deat Center. I agree to tatives and insu	nat may result i g" set forth bel th associated w hold harmless rers from all da ted with my par	ow. I ith horseback Judson mages,	
Paren	Signature if un	der 18 ye	ears o	f age			
	111	WARN	ING"				
Under Louisiana law, an equine death of a participant in equine a R. S. 9:2795.1	activity sponso	r or equ	ine pr				
There is a 250 lb. we	eight limit	for p	arti	cipating in	the Eque	strian	
Program at Judson	Baptist Re	etreat	t Ce	nter.			
Emergency Contact Inform							
Father's Work			Father's Cell				
Mother's WorkOther Contact Name			Mother's Cell				
Other Contact Name			Pho	one #			
Parent's E-Mail Address:							

******Parent or Guardian must also fill out Camper Medical Form********