



First Time Camper **2026 FreezeIN Registration**

Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_ DOB: \_\_/\_\_/\_\_

Grade: \_\_\_\_ Email: \_\_\_\_\_ Phone : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Bunkmate Request: \_\_\_\_\_

In signing this document, I hereby certify that the written information is accurate and give permission for the use of photography and video of my child to be used in camp publicity: for my child to be transported in camp owned vehicles to and from off campus activities; for the release of medical records in case of illness or injury and for the child names herein to engage in all camp activities except as noted by me or an attending physician. I also give permission to the physician selected by the Brethren Retreat to hospitalize, secure proper treatment for, to order injection, anesthesia, or surgery for my child as named above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact / Relationship: \_\_\_\_\_

Medications: \_\_\_\_\_

Behavioral / Other: \_\_\_\_\_