

Brush Creek JULY Reunion Registration

July 12-18, 2025

Director: Rhonda Marshall

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Family Name:	Phone:
Address:	
Email:	
Emergency Contact & Phone:	

Fill in the information in the table for each person in your group

FEES: **Children 0-3: Free** **Youth 4-17: \$55** **Adults 18+: \$70**

Name	Age	Next Grade	Priesthood Office	Registered Youth Worker	Fee
				Y N	\$
				Y N	\$
				Y N	\$
				Y N	\$
				Y N	\$
				Y N	\$
				Y N	\$
				Y N	\$
<i>Deduct \$10 per person if payment is made before June 12th.</i>				<i>Total</i>	\$

Where do you plan to stay?

☐ Old lodge

☐ Cabin # _____

☐ RV

☐ New lodge

☐ Motel Unit

☐ No housing needed

Special housing needs and roommate requests:	Special dietary needs:
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Is anyone listed above interested in participating in the services in any way? Please list.
(For example: prayer, reading, singing, playing piano, or playing other instruments...)

This form can be mailed to the registrar: Betsy Collins, 184 County Rd 2400E, Casey, IL 62420
If you have any questions, send an email to: ekcollins136@gmail.com

Liability Release - All adults MUST sign

In consideration for acceptance for my participation in the Event, or as parent/guardian of the Registrant, I do for myself and on behalf of the Registrant, if said Registrant is not 18 years of age or older, hereby release, forever discharge and agree to hold harmless Community of Christ and its affiliated organizations, lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees thereof from any and all damages (including consequential damages), liability, claims, judgments, penalties, obligations, fines, causes of action, demands, losses, costs, and expenses (including without limitation reasonable attorneys' fees and court costs) for personal injury, sickness or death based upon ordinary negligence, as well as property damage and expenses of any nature whatsoever which may be incurred by the parent/guardian and the Registrant occurring while Registrant is participating in the Event or arising thereafter, and further agree to hold harmless and indemnify said organizations and their lessors, lessees, officers, representatives, subordinate units, contractors, campgrounds, Event directors, staff, priesthood, agents, volunteers, participants, and employees for any liability sustained by them as the result of the negligent, willful or intentional acts of said Registrant during the Event, including expenses incurred attendant thereto. (ALL 18+ MUST SIGN AND UNDER 18 MUST HAVE A PARENT/GUARDIAN SIGNATURE).

Signature	Date
Signature	Date
Signature	Date

Consent for Medical Treatment (MUST BE SIGNED FOR ALL PARTICIPANTS)

IF YOU ARE NOT THE PARENT/LEGAL GUARDIAN OF THE PARTICIPANT, THEN YOU MUST PRINT THIS PAGE FOR THE PARENT/LEGAL GUARDIAN TO PHYSICALLY SIGN AND YOU MUST BRING IT TO CAMP.

As the Registrant, or if under the age of 18, the parent or legal guardian of the Registrant listed on this form, I give permission to Community of Christ to transport the Registrant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and I will assume the responsibility for payment of all expenses and bills resulting from medical treatment. Community of Christ personnel may administer prescription medication as needed during the Event, and I agree that if the Registrant has an illness on the day the Event begins that could be harmful to him/her or to others, he/she will not be allowed to begin the Event. (ALL 18+ MUST SIGN AND UNDER 18 MUST HAVE A PARENT/GUARDIAN SIGNATURE).

Signature	Date
Signature	Date
Signature	Date