

**Marketplace Registration and Consent Form**

Ruggles Camp and Retreat Center

June 28, 29, and 30, 2011

For your child to participate, we must have a registration form – and your signed consent at the bottom of this form. The registration deadline is June 12, 2010, and the fee is \$7.50. Checks should be made payable to “Ruggles” and be mailed with the registration/consent form to the Registrar. (For available scholarships, contact the Registrar.)

**Registrar:** Laura Poe  
780 Lexington Pike  
Maysville, KY 41056  
(606) 584 - 7501

**Director:** Gayle D Massie  
62 Court Street  
Vanceburg KY 41179  
(606) 796 - 2578

For information, contact the Registrar or visit [www.rugglescampa.org](http://www.rugglescampa.org) and click on “Marketplace.”

**REGISTRATION**

Child's name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Upcoming grade \_\_\_\_\_

Church attending \_\_\_\_\_ Pastor \_\_\_\_\_

**T-Shirt Size** (circle one): Child 2-4, 6-8, 10-12 Youth 14-16 Adult: S M L XL XXL

Parent's name \_\_\_\_\_

Parent's email address \_\_\_\_\_@\_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work/Cell phone (\_\_\_\_) \_\_\_\_\_

Person bringing child or contact person who will be on grounds during camp \_\_\_\_\_

Does your child have any medical conditions of which we should be aware? Please circle: yes no

Please list condition(s) \_\_\_\_\_

Does your child have problems with or allergies to any of the following (circle all that apply): asthma bee stings  
poison ivy hives food allergies \_\_\_\_\_ drug allergies \_\_\_\_\_

*NOTE: Any child who has medications with them must have a note from his/her parent or guardian regarding what the medication is for and when it is to be taken. All medications must be kept by the camp nurse located under the shelter.*

**CONSENT**

In signing this form, I certify that the above information is correct, and I give permission for the use of photographs for camp publicity. In the case of a medical emergency, I also permission for medical treatment as deemed necessary.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date signed