

**Marketplace Registration Form**  
**Ruggles Camp**  
**June 20, 21, and 22, 2023**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Male or Female (circle one) T-shirt size \_\_\_\_\_ (Adult or Child)

Parent / Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Business or Cell \_\_\_\_\_ / Birthday \_\_\_\_\_

Person to notify in case of emergency if parent or guardian can't be reached \_\_\_\_\_

If contact information is different, please add it to the back of this form \_\_\_\_\_

Relationship of this person \_\_\_\_\_ Phone \_\_\_\_\_

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

Who is the contact person from your church who will be on the grounds? \_\_\_\_\_

Does this child/youth have any medical condition that we should be aware of? If so list: \_\_\_\_\_

Check the following that applies to applicant: Asthma \_\_\_ Hives \_\_\_ Bee Sting \_\_\_ Poison Ivy \_\_\_\_\_  
Foods (please list) \_\_\_\_\_  
Medications \_\_\_\_\_ Allergies \_\_\_\_\_

***Note: any child sent with medication to be taken must have a note from the parents or guardian stating the kind of medication, what it is for, and when it is to be taken.***

Photo Use Permission: I grant Ruggles Camp & Retreat Center, and persons acting thru them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications, websites, and personal memorabilia

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_ give my permission for treatment as deemed necessary, and for photo use as describe above.

**(We MUST have a signed registration form!)**

***Registration form and \$15.00 fee\* must be turned in to the church coordinator, pastor or MARKETPLACE registrar but must be postmarked to the registrar by May 26, 2023.***  
***\*(After May 26, fee is \$20.00)***

**MARKETPLACE Registrar: Ms Cynthia Wood; PO Box 103; Brooksville KY 41004**