



LUTHER CREST BIBLE CAMP

(320) 846-2431 | www.luthercrest.org

8231 County Road 11 NE | Alexandria, MN 56308

Women's Week Day Registration

Participant Name: _____ Date of Birth: _____

Address: _____

Dietary Restrictions: _____

Home Church: _____

Women's Week Group Name: _____

Emergency Contact : _____

Landline: _____ Cell: _____ Work: _____

Which day will you be joining us?

_____ Monday June 22, 2026 _____ Tuesday June 23, 2026 _____ Wednesday June 24, 2026

Will you need assistance getting around camp (aka need golf cart rides)?

_____ Yes

_____ No

Authorization for Health Care: I will engage in all camp activities except as noted by me and/my physician. I give permission to the camp to: 1) provide ongoing health care, and 2) select medical personnel and to order X-rays or routine tests or treatment for me. In the event that I cannot communicate, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for me. I understand that information about my health will be shared with the appropriate counseling, food service, or other Luther Crest staff. This form may be photocopied for use out of camp.

Permission to Participate: I will participate in all aspects of Women's Week Day Program of Luther Crest Bible Camp and I agree that the camp or its personnel will not be held responsible for accidents arising from participation. I also give permission for any pictures or video taken of me to be used for promotional purposes.

Signature: _____ Date: _____