

## 2017 Summer Camp Registration

Camper name: \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ male female

Grade entering fall 2017 \_\_\_\_\_

T-shirt size (\$10): Adult S / M / L / XL or Youth S / M / L

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Church: \_\_\_\_\_

Parent/Guardian Name(s) (please print):

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent E-mail (for registration confirmation):

Check here if you would like to get camp's newsletter (12x a year).

How did you hear about Covenant Park? \_\_\_\_\_

Emergency Contact (other than parent):

\_\_\_\_\_ Phone: \_\_\_\_\_

I would like to be in the same cabin with:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

People authorized to pick up camper:

**Camp week attending:** \_\_\_\_\_

Non-refundable Deposit (\$75) or  Full payment

Names of siblings or friends for discounts: \_\_\_\_\_

Please see discounts tab at [covenantpark.org/summercamp](http://covenantpark.org/summercamp) for qualifications.

### Method of Payment:

Check  Credit Card  Visa  Mastercard  Discover

Acct#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC#: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

< **Must complete and sign information on back side of page** >

Please indicate if your child has problems with any of the following:

Asthma  Seizures  Diabetes  Heart Condition  ADD/ADHD  Bed wetting  Convulsions  Ear trouble  Emotional  Epilepsy

Other: \_\_\_\_\_

Allergies  Life threatening allergies

Please list: \_\_\_\_\_

Medications. Note: all campers bringing medications to camp must have a signed permission form to do so. Please bring detailed instructions signed by parent/guardian to camp at registration.

Activity Restrictions/Special Needs. If checked, please explain on separate sheet.

**Immunization record** (use most recent dates): DPT \_\_\_\_\_

MMR \_\_\_\_\_ Polio \_\_\_\_\_ Tetanus booster \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy/Group number: \_\_\_\_\_

I have read, understand and agree to the terms of the full contract below:

> I understand that every effort will be made to protect and safeguard all campers. I agree not to hold Covenant Park Bible Camp (CPBC), its staff and volunteers from liability, any illness, or claims which may arise related to my child's participation in programs sponsored by CPBC.

> In the event that I cannot be reached in an emergency, I hereby give permission to the designated camp medic or administrator to obtain emergency transportation as needed, and to the designated physician to secure proper treatment, hospitalize, and to order injections, anesthesia, or surgery for my child, as named above.

> I also give the camp full authority in dealing with problems of discipline. I understand that any camper disregarding camp's rules is subject to being sent home without a refund. I understand that any camper who willfully destroys property will be held responsible and charged accordingly.

> I have read and understand the Anti-Bullying pledge and agree to abide by it (found on website).

> I have read and understand the Carlton County Hold Harmless Agreement as it relates to my child on site at the Andersen Outpost. (Only for Jr. High, Sr. High, Adventure, and Family Camps. Found on website).

> I am also allowing comments, pictures, and/or video of the camper to be used for promotional and other uses relating to camp

> I understand CPBC's cell phone (all ages) and key (Sr. High) policy. I agree to turn in my cell phone and keys at time of registration. If not turned in and camp staff need to take it away, I understand they will be available for pick up at the end of the camp session.

> I have read the brochure and will obey the rules of CPBC.

Signature of parent/guardian \_\_\_\_\_ date \_\_\_\_\_

Signature of camper \_\_\_\_\_ date \_\_\_\_\_

Please return form and payment to:

Covenant Park Bible Camp

3402 Covenant Park Road ~ Mahtowa, MN 55707