

2018 Summer Camp Registration

Camper name: _____

Birth date ____/____/____ Age ____ male female

Grade entering fall 2018 _____

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 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: _____

Dietary Restrictions: _____

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 give my permission to for authorized CPBC staff to transport my child for Senior High Excursions offsite or an Adventure Camp activity.

> 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