

## 2019 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)\_\_\_\_\_

Any people NOT authorized to pick up camper:

First time Camper [  ]      Returning Camper [  ]

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

Non-refundable Deposit (20%) 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

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  ADD/ADHD  Bed wetting  Emotional  
 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 acknowledge that participating in camp activities may be physically and emotionally challenging and potentially dangerous. 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. Activities that Covenant Park offers and recognizes as potentially dangerous include but are not limited to Climbing tower activities, zip line, field and court sports and outdoor games, night games, running, throwing, swimming, boating and water sports, and low ropes elements. I (The Participant) recognized and assume the risks and am participating at will in these and other activities hosted or sponsored by Covenant Park.

> 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