

2021 Summer Camp Registration

Camper name: _____

Birth date ___/___/___ Age ___ male female

Grade entering fall 2021 _____

T-shirt size (\$12): 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.

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 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 _____

Please Check Here if You Have Chosen Not To Vaccinate []

Health Insurance Company: _____

Policy/Group number: _____

Please initial: I give my permission for pain medication to be administered by the designated medical personal onsite as needed to my child. _____

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, outdoor games, night games, running, throwing, swimming, boating and water sports, and low ropes elements. I (The Participant/GUardian) recognize 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 or myself, as named above.

> I accept personal financial responsibility for any injury or other loss sustained during participation in camp activities and events either on camp property or offsite camp sponsored events, as well as for any medical treatment rendered to the participant that is deemed reasonably necessary by camp medical personal or leadership staff.

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

>I understand that any camper who willfully destroys property will be held responsible and charged accordingly. 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 am also allowing comments, pictures, and/or video of the participant named above to be used for promotional and other uses relating to camp

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

Signature of parent/guardian _____ date _____