

# Covenant Point Bible Camp

358 W. Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: 906.265.2117 Fax: 906.265.5123  
www.cpbpc.com, [registrar@cpbc.com](mailto:registrar@cpbc.com)



## Trailblazer Overnight (Grades 4/5/6)

2:00 PM Saturday, Oct 21 – 2:00 PM Sunday, Oct 22

The Trailblazer Overnight is an action-packed formational 24 hours of spiritual growth and lots of good fun for 4<sup>th</sup> through 6<sup>th</sup> graders - a perfect time to invite your friends to camp! Campers are encouraged to register with their church group. Church groups are encouraged to bring at least one adult leader per 8 campers, and at least one adult leader of each gender. Campers may also register without a group and CPBC will provide a leader or connect your camper with another group.

### Payment Information

- \$55:** Early Bird Camper  
(Registration and payment received by October 1)
- \$65:** Camper  
(after October 1)
- \$40:** Counselor / Youth Leader
- \$10 Bring a Friend Discount:**  
Bring a friend who has never been to CPBC summer camp or retreat and you each will save \$10.

### Packing List

Bedding  
Clothing for all weather  
Towel  
Toiletries  
Bible  
Notebook and pen  
Camera  
Flashlight

### Do not bring:

Knives / weapons of any kind  
Alcohol / tobacco / illegal drugs  
Cell phones or electronic devices  
Personal sports equipment  
Valuable personal items

### To Register:

Mail, email, or fax Registration and Payment to:

Covenant Point Bible Camp  
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Iron River, MI 49935  
Fax: 906.265.5123  
[registrar@cpbc.com](mailto:registrar@cpbc.com)

-or-

Register online at:

[www.cpbpc.com/trailblazer](http://www.cpbpc.com/trailblazer)

# 2017 Trailblazer (Grades 4/5/6) Overnight Registration Form

2PM Saturday, Oct 21 – 2PM Sunday, Oct 22

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: M / F Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

How'd you hear about Covenant Point? \_\_\_\_\_

Church Name: \_\_\_\_\_ Church City/State: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

- I am coming with my group.

Group Name: \_\_\_\_\_  
Group Leader: \_\_\_\_\_

- I am not coming with a church group and would like to be linked with another group.

## Arrival & Departure / Payment:

- Early Bird Camper: \$55 (By October 1)  
 Camper: \$65 (After October 1)  
 Counselor / Youth Leader: \$40  
 Bring a Friend Discount: - \$10 (limit applies to one friend who has never been to CPBC)

A \$25 processing fee will be kept in the case of any cancellation one week (7 days) or less to the start of the retreat.

- Dietary Restrictions:**

Please provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of an allergic reaction and permission to share allergy-related information with appropriate staff.

\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent to fully participate in all camp activities, outings, and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, employees, agents, or representatives, may be held liable in any way for any injury, harm, damage, or death which may occur to me as a result of participation in these activities and hereby release, save, and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary should I require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for any medical, dental, or hospital care or treatment. I agree to allow Covenant Point to transport myself as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use my photo, films, digital images, videotapes, and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_