



# 2013 Family Camp Registration

358 W. Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: 906.265.2117 Fax: 906.265.5123  
www.cpbc.com | cpbc@cpbc.com

Please complete this form, and mail it with a \$75 non-refundable deposit or fax it to camp. Please make checks payable to Covenant Point Bible Camp.

## Family Information

Parent(s) Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Last \_\_\_\_\_ City/State/Zip \_\_\_\_\_ First \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  **Dietary Restrictions** - Please provide written explanation with registration form, including: treatment plan in the event of a reaction, and permission to share allergy related information with appropriate staff.  
 Church \_\_\_\_\_ City \_\_\_\_\_

## Children's/Household Member's Names

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade in fall 2013 \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade in fall 2013 \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade in fall 2013 \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade in fall 2013 \_\_\_\_\_

## Please select the camp you wish to attend:

PF20 June 23 – 29       PF60 July 21 - 27       PF70 July 28 – August 3

As parent/legal guardian, I hereby give my consent to have the above-named Participants 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 the above Participants 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 for the Participants should he/she require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participants. I agree to allow Covenant Point to transport Participants as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Signature of Adult Camper \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## Payment Information

Check enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_  
 Make check payable to Covenant Point Bible Camp.

Visa     Discover     Mastercard

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_

Credit card payments must be for full camp fee.

Signature \_\_\_\_\_

## Calculate your Cost

_____ Adult	@ \$ 365	\$
_____ Ages 9-17	@ \$ 305	\$
_____ Ages 3-8	@ \$ 175	\$
_____ Under 3	@ \$ 60	\$
*Maximum 10 household participants.	SUBTOTAL	\$
	\$250 DEPOSIT non-refundable	\$
	BALANCE DUE \$1550 Max per family \$550 Min per family	\$