

Covenant Point Bible Camp

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



Jr. High Fall Retreat (Grades 6/7/8) 8:00 PM Friday, Oct 6 – 10:00 AM Monday, Oct 9 (Or 6:30 PM Sunday Early Departure)

Come for a weekend of fun and adventure with your youth group, complete with worship, high ropes, big games, and great messages. Registration begins at 8:00PM Friday (or whenever your group arrives), with our first meal at 8:00AM Saturday morning and programming starting directly after.

** CPBC requires that each group bring a minimum of one adult male leader per 8 male students and at least one adult female leader per 8 female students. One adult leader of each gender is the minimum requirement for groups smaller than 8 of each gender.*

Payment Information

Full Retreat (Fri PM – Mon 10 AM):

\$135 (camper)
\$95 (counselor / youth leader)

Sunday Departure (6:30PM):

\$110 (camper)
\$85 (counselor / youth leader)

To Register:

Students:

- Let your youth leader know you plan on attending!
- Get form and payment to your youth leader by Friday, Sept 22, 2017.

Youth Leaders:

- Please fill out online registration form at www.cpbcb.com/jhfallretreat by Friday, Sept 22, 2017.
- Mail, email, or fax completed forms to CPBC by Friday, Sept 29, 2017.
- Payment due upon arrival.

Packing List

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

Do Not Bring:

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

2017 Fall Junior High Retreat (Grades 6/7/8)

Registration Form

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(Or 6:30 PM Sunday Early Departure)

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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:

- ☐ Full Retreat: \$135 (camper)
☐ Full Retreat: \$95 (counselor / youth leader)
☐ Sunday 6:30 PM Departure: \$110 (camper)
☐ Sunday 6:30 PM Departure: \$85 (counselor / youth leader)

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.

Parent / Guardian Signature _____

Printed Name _____ Date _____