

# Covenant Point Bible Camp

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



## 2015 Fall Junior High Retreat (Grades 6/7/8)

8:00 PM Friday, October 9 – 10:00 AM Monday, October 12  
(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 being at 8:00AM Saturday morning and programming starting directly after.

### 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)

### Packing List

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



### To Register:

Mail or Fax Registration and Payment to:

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# 2015 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: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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)

**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.

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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 \_\_\_\_\_