



2013 ASD Family Camp Registration Form

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

Please complete form and mail or fax to
Covenant Point with \$150 registration fee.
Make Checks payable to
Covenant Point Bible Camp.

ASD FAMILY CAMP (PF80) Tuesday, August 6th - Saturday, August 10th
Registration begins at 4:00 pm on Aug. 6th. Dinner at 5:30. Camp concludes after breakfast on Aug. 10th.

Family Information

Parent(s) Name(s) _____

Address _____ City/State/Zip _____

Home Phone _____ Day Phone _____ Cell Phone _____

Email _____ 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 _____

Family Information Sheet

In order for us to serve you best, we would benefit from some information about your family. Please provide on a separate sheet or on back of form:

1. A photo with names to help us identify each family member. (A photocopy is sufficient.)
2. Written description of dietary needs and/or allergies for each affected family member including: treatment plan in the event of an allergic reaction, and permission to share allergy related information with appropriate staff.
3. A description of your child's special needs.

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 camps 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 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 photos, 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

Cost is \$150 per family.

Check enclosed \$ _____ Check # _____

Make checks payable to Covenant Point Bible Camp.

Visa Discover Mastercard

Card # _____ - _____ - _____ - _____

Expiration Date _____

Credit Card Payments must be for full camp fee.

Signature _____

ASD Family Camp is a five-day, Christian family-camp experience at Covenant Point, designed to build community and support among families who have children with autism. The program values flexibility around the needs of individuals, intergenerational experiences, meaningful connection among all participants, and spiritual formation. Covenant Point provides delicious meals enjoyed together, all-family games, age-appropriate activities and worship, engaging bible-studies, and exposure to the beauty of Michigan's Upper Peninsula. Your family will rest and play together in a safe and encouraging environment, while growing close to each other and God.