



2014 Family Camp Registration

Covenant Point Bible Camp

358 W. Hagerman Lake Rd.

Iron River, MI 49935

Phone: 906.265.2117 Fax: 906.265.5123

www.cpbcb.com | cpbc@cpbcb.com

Please complete this registration form, and mail it with a

\$250 non-refundable deposit or fax it to camp.

Please make checks payable to:

Covenant Point Bible Camp

When faxing this form, payment by credit card must be paid in full.

Family Information

Parent(s) Name(s) _____ Last _____ City/State/Zip _____ First _____

Address _____ City/State/Zip _____

Home Phone _____ Day Phone _____ Cell Phone _____

Email _____ ☐ **Dietary Restrictions - Must 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 2014 _____

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Please select the camp you wish to attend:

☐ PF20 June 22 – 28

☐ PF60 July 20 -26

☐ PF70 July 27 – August 2

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 ☐ Mastercard

Card # _____ - _____ - _____ - _____

Expiration Date _____

Credit card payments must be for full camp fee.

Signature _____

Calculate your Cost

_____ Adult	@ \$ 370	\$
_____ Ages 9-17	@ \$ 310	\$
_____ Ages 3-8	@ \$ 180	\$
_____ Under 3	@ \$ 60	\$
*Maximum 10 household participants.	SUBTOTAL	\$
	\$250 DEPOSIT non-refundable	\$
	BALANCE DUE \$1600 Max per family \$600 Min per family	\$