



2014 Youth Camp Registration
Covenant Point Bible Camp
358 W. Hagerman Lake Rd.
Iron River, MI 49935
Phone: 906.265.2117 Fax: 906.265.5123
www.cpbcc.com | cpbcc@cpbcc.com

Please complete this form, one per child per camp.
Mail it with a \$75 non-refundable deposit (\$150 for 2-week camps).
Add \$25 non-refundable deposit for bussing.
When faxing this form, payment by credit card must be paid in full.

Camper's Name _____ Birthday ____/____/____ Age ____ Grade in fall 2014 ____

Gender M/F ☐ First Time at Point _____ Church _____ City _____

Home Address _____ City/State/Zip _____

Parent(s)/Guardian(s) _____ Home Phone _____

Work Phone _____ Email _____

At the completion of camp, the camper named above may be released to the following persons: _____

I wish to be in the same cabin as _____
(We cannot guarantee the placement of more than two friends together).

☐ I have downloaded a health form. ☐ Please mail me a health form.

☐ **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.

I hereby give my consent to have the above-named Participant 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 Participant 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 Participant 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 Participant. I agree to allow Covenant Point to transport Participant 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 _____

Printed Name _____ Date _____

☐ Mainland ☐ Island ☐ Trips _____ Camp Dates _____ Camp Code _____

☐ No bussing needed ☐ Round Trip
☐ One way from camp ☐ One way to camp

Pick up: ☐ Chicago ☐ Elgin ☐ Rockford ☐ Madison ☐ Fond du Lac

Drop off: ☐ Chicago ☐ Elgin ☐ Rockford ☐ Madison ☐ Fond du Lac

Early Registration Discount

Save \$35 off any camp when you register and pay in full by March 15th. Your registration form and payment must be received by March 15th- no exceptions.

Family Discount

Save \$35 for each child from the same household attending camp.

Name(s) or sibling(s) _____

-OR-

Bring a Friend Discount

Bring a friend who has never been to a Covenant Point summer camp and you *each* save \$50. You must both attend the same week of camp and your registration forms and payments must be received in the same envelope or register online the same day.

Name(s) of friend(s) _____

Second Week of Camp Discount

Come to a second week of camp and receive a discount of \$100.

Calculate your Cost

Camp Fee	\$
Bus Fee Round trip \$129, One way \$95	\$
Early Registration If all fees are paid in full by March 15	\$
Bring-a-Friend/Family Discount Either, not both	\$
Second Week of Camp Discount	\$
SUBTOTAL	\$
Less Deposit Paid \$75 non-refundable (\$150 for two-week camps) \$25 non-refundable bus	\$
BALANCE DUE	\$

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 _____