

2017 Summer 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.cpbcc.com | registrar@cpbcc.com

Please complete this form, and mail it with a \$250 non-refundable deposit or fax it to camp. Please make check payable to Covenant Point Bible Camp.

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

Family Information

Parent(s) Name(s) _____

Address _____ Last _____ City/State/Zip _____ First _____

Home Phone _____ Day Phone _____ Cell Phone _____

Email _____ Dietary Restrictions - Please 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 Names

_____ Date of Birth _____ Gender _____ Grade in fall 2017 _____

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_____ Date of Birth _____ Gender _____ Grade in fall 2017 _____

Please select the camp you wish to attend:

Family Camp 1: June 25 - July 1

Family Camp 2: July 23 - 29

As parent/legal guardian, I hereby give my consent to have the above-named Participant(s) 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(s) 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(s) 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(s). I agree to allow Covenant Point to transport Participant(s) as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use participants' photo, films, digital images, video, and sound recordings in future promotional materials.

Signature _____

Printed Name _____ Date _____

Payment Information

Check enclosed \$ _____ Check # _____

Make check payable to Covenant Point Bible Camp.

Visa Mastercard

Card # _____ - _____ - _____ - _____

Expiration Date _____ CSC _____

Credit card payment may be in full or \$250 deposit.

Signature _____

Calculate Your Cost

| | | |
|---|--|----|
| _____ Adult | @ \$ 380 | \$ |
| _____ Ages 9-17 | @ \$ 320 | \$ |
| _____ Ages 3-8 | @ \$ 190 | \$ |
| _____ Under 3 | @ \$ 70 | \$ |
| *Maximum 10 household participants. *Balance due at least 30 days before the first day of your camp. | SUBTOTAL | \$ |
| | \$250 DEPOSIT non-refundable | \$ |
| | BALANCE DUE \$1700 Max per family \$700 Min per family | \$ |