

# 2015 Summer ASD 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 | cpbc@cpbc.com

Please complete this form, and mail or fax  
to Covenant Point with \$150 registration fee.  
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) \_\_\_\_\_  
Last \_\_\_\_\_ City/State/Zip \_\_\_\_\_ First \_\_\_\_\_  
Address \_\_\_\_\_  
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 Members' Names

_____	Date of Birth _____	Gender _____	Grade in fall 2015 _____
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_____	Date of Birth _____	Gender _____	Grade in fall 2015 _____
_____	Date of Birth _____	Gender _____	Grade in fall 2015 _____

## 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. Must supply a 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, including: (Please include child's name)  
What activities or sensory experiences are most stressful to your child?  
What are some preferred activities for your child?  
What are some calming activities/techniques your child uses?

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

Cost is \$150 per family (Non-refundable)  
Check enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_  
Make checks payable to Covenant Point Bible Camp.

☐ Visa ☐ Mastercard

Credit Card Payments must be for full camp fee.  
Expiration Date \_\_\_\_\_ CSC \_\_\_\_\_  
Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Signature \_\_\_\_\_

## August 4 - 8, 2015

Autism Spectrum Disorder (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. Registration will begin at 4pm CDT on Tuesday, with dinner at 5:30, and conclude after breakfast on Saturday. 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.