

Winnetka Covenant Church Winter Camp Registration

Thursday, Jan 27 (late evening arrival, after dinner) - Sunday, Jan 30, 2022 (9:00 AM)



***Online Registration option @ www.cpbpc.com/WCCwintercamp**

Covenant Point Bible Camp
358 W. Hagerman Lake Rd.
Iron River, MI 49935
Phone: 906.265.2117 Fax: 906.265.5123
www.cpbpc.com | registrar@cpbc.com

Please complete this form, and mail it with a \$100 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) _____ Last _____ City/State/Zip _____ First _____

Address _____

Home Phone _____ Day Phone _____ Cell Phone _____

Email 1: _____ Email 2: _____

☐ Dietary Restrictions - Please provide written explanation of dietary restrictions, food allergies, and/or food preferences (i.e. vegetarian) below, including: treatment plan in the event of a reaction and permission to share allergy related information with appropriate staff. Use additional pages if necessary.

Church _____ City _____

Insurance Company _____ Policy Number _____

Emergency Contact Name and Phone Number _____

Children's Names

_____ Date of Birth _____ Gender _____ Grade in School _____

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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

(if you cancel due to illness or COVID-19 symptoms, all fees will be refunded)

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 \$100 deposit.

Signature _____

Calculate Your Cost

_____ Adult (13+)	@ \$ 150	\$
_____ Ages 3-12	@ \$ 95	\$
_____ Under 3	@ \$35	\$
*Minimum household fee of \$250.	SUBTOTAL	\$
*Balance due on or before the first day of the retreat. (if you cancel due to illness or COVID-19 symptoms, all fees will be refunded)	\$100 DEPOSIT non-refundable	\$
	BALANCE DUE	\$