## 2022 Summer ASD Family Camp Registration



Signature \_\_\_\_\_

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

Michigan's Upper Peninsula. Your family will rest and play

closer to each other and God.

together in a safe and encouraging environment, while growing

Family Information					
Parent(s) Name(s)	Loct		Eirot		
Address	Lasi	_ City/State/Zip	FIISL		
Home Phone	Day Phone	Day PhoneCell Phone 1			
	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.				
Email 1					
Email 2					
How did you hear about Cover					
Church		City			
Children's & Household	Members' Names				
	Date of Birth		_ Gender	Grade in fall 2022	
	Date of Birth		_ Gender	Grade in fall 2022	
	Date of Birth		_ Gender	Grade in fall 2022	
				Grade in fall 2022	
Family Information Shee					
2. A description of your child What activities or so What are some pre What are some calr What are some calr As parent/legal guardian, I hereboutings, and field trips conducted foreseeable and unforeseeable, prudent steps to reduce known a participation in activities is volur employees, agents or represent the above Participant(s) as a rementioned of said injury due to ple deemed necessary for the Pamedications. I agree that my ins	ergic reaction, and permissions special needs, including ensory experiences are more fered activities for your chiming activities/techniques by give my consent to have I on and off the campus of involved in participating in an active may be held liable in sult of participation in these participation in these activities and in the primary.	sion to share allergy procession to share allergy process the stressful to your ld? It was above-named Process or similar activities or similar activities and her ties. Further, I do correquire such assistated by the pay for the pay for the pay for the incompany to pay for any incompany to pay for the incompany to pay for any incompany to pay f	related inform: hild's name) child?  articipant(s) fu gnizing that th vities. Covena ay be strenuo venant Point, r ury, harm, dar eby release, s nsent to any a ance, including medical, denta	Illy participate in all camp activities, ere are risks known and unknown, nt Point has taken reasonable and us and/or outdoors and agree that nor its trustees, officers, directors, mage or death which may occur to ave and hold harmless the above and all medical treatment that may ithe ordering and administering of I or hospital care or treatment that ded and to use a photocopy of this	
form as my authorization when in recordings in future promotional Signature	necessary. Covenant Point materials.	may use participan	ts' photo, films	s, digital images, video, and sound	
Printed Name			Date	· · · · · · · · · · · · · · · · · · ·	
Payment Information		July 31 - Au	nust 5, 2023	)	
Cost is \$150 per family (Non	-refundable)		-	SD) Family Camp is a Christian	
Check enclosed \$ Check #		family-camp experience at Covenant Point designed to build			
lake checks payable to Cover		community and support among families who have children with autism. Registration will begin at 4pm CDT on the first day, with			
☐ Visa ☐ Mastercard	I	dinner at 5:30, a	dinner at 5:30, and conclude at 1pm the last day. The program values flexibility around the needs of individuals, intergeneration		
Credit Card Payments must be for full camp fee.		al experiences,	al experiences, meaningful connection among all participants,		
xpiration Date	CSC	and spiritual formation. Covenant Point provides delicious meal enjoyed together, family games, age-appropriate activities and			
Card # -		worship, engaging Bible studies, and exposure to the beauty of			