



## Rockin' Robins 2026

@ Covenant Point  
358 W Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: (906) 265-2117  
[www.cpbpc.com](http://www.cpbpc.com)

### Rockin' Robins: Kindergarten & 1<sup>st</sup> Grade Outdoor Education Program

Kindergarten and 1<sup>st</sup> grade students, join us three Fridays this spring for a great after-school nature program! Each session includes guided outdoor learning, a snack, games, craft or building projects, and more! The trained staff at Covenant Point Bible Camp run the program and provide adult supervision and care, while each child is paired with a "big buddy" adult volunteer from our community to help guide their experience. Covenant Point is licensed by the State of Michigan as a childcare and camp facility/program, and accredited by the American Camping Association.

**Transportation to and from Covenant Point is provided. All pick-ups will be at Stambaugh Elementary School right after school (meet in Elementary School Gym), and drop-off will be at 5:30 at the Windsor Center parking lot on US-2. In compliance with the State of MI, our child protection policy only permits us to release children to those adults specifically named below.**

**2026 DATES: (Please check all dates that your child will attend. \$15 per session)**

- Friday, May 1  
 Friday, May 8  
 Friday, May 15

**\$15 per session. Please send this form to Covenant Point, with cash or check made out to Covenant Point Bible Camp, by Friday, April 24.**

#### Participant Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Age: \_\_\_\_\_

Teacher: \_\_\_\_\_

Any limitations to participation? (physical, medical, behavioral):  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions: Must provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of an allergic reaction, and permission to share allergy related information with appropriate staff.  
\_\_\_\_\_  
\_\_\_\_\_

Other allergies (drug, environmental, etc.): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent / Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian 1 Email: \_\_\_\_\_

Parent / Guardian 2 Email: \_\_\_\_\_

Participant may be released to the following adults only: \_\_\_\_\_

Please list alternate arrangements if your child will not be riding the bus from Stambaugh Elementary to Covenant Point and back to the Windsor Center: \_\_\_\_\_

\*See back for General Release & Waiver of Liability (signature needed)

## General Release and Waiver of Liability

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. 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 the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Legal Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_