

# 2008 Youth Registration for Covenant Point Bible Camp

358 W. Hagerman Lake Rd. Iron River, MI 49935  
(906)265.2117 Fax (906)265.5123 www.cpbpc.com cpbc@cpbc.com



Please complete this form, one per child per camp.

If you have questions, please call Anthony Clerkin at 815-601-8750 or email Anthony@BethesdaCovenant.com

Camper first name \_\_\_\_\_ Last name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Grade in fall 2008 \_\_\_\_\_

Home Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

( ) Male ( ) Female ( ) First time at Point or Harbor Church Bethesda Covenant City Rockford

Parent/Guardian \_\_\_\_\_ Spouse \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email \_\_\_\_\_

Camper may be released, at the end of camp, or at the bus stop to \_\_\_\_\_

I wish to be in the same cabin as: Bethesda Covenant

I have downloaded a health form and do not need one mailed. ( ) Please mail me a health form.

My signature below indicates the previously named camper has permission to engage in all camp activities, on and off camp grounds, to be transported, and to participate in outings and field trips off Covenant Point grounds. I understand that during this travel off of camp grounds my child, named above, will be under the supervision of the group leaders from Covenant Point Bible Camp. I hereby give permission to the camp to provide routine, non-surgical medical care, dispense prescribed medications, and seek emergency medical or surgical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and treatment, including hospitalization, for the person named above. I also give permission for my child's photograph to be used in future promotional materials. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

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