

2010 Summer Camp Registration Form:

Parents or Guardians please fill out completely

Mail this form to: **The Springs**
 1950 N M-30
 Gladwin, MI 48624

www.thespringscamp.com

Office: 989-426-7604

fax: 989-426-0993

week	Dates	Junior	Junior High	High School
1	6/14-6/19	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	<input type="checkbox"/> Senior High Camp
2	6/21-6/26	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	
3	6/27-7/3			<input type="checkbox"/> Senior High Camp
4	7/5-7/7	<input type="checkbox"/> Mini Camp		
5	7/12-7/17	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	
6	7/18-7/24			<input type="checkbox"/> Senior High Camp
7	7/26-7/31		<input type="checkbox"/> Junior High Camp	
8	8/9-8/14	<input type="checkbox"/> Junior Camp		
	Labor Day	<input type="checkbox"/> Family Camp	All ages- see website	For more info.

Consent:

In case of medical emergency or general medical care, I give consent for medical treatment for the above named camper by authorized personnel. The camp carries secondary insurance. I understand that the above named camper will only be released to the names listed below, an update may be done at registration. I certify that my child has my permission to attend camp and participate in all activities and I authorize The Springs to use my camper's picture or testimony in any promotional material (web, print or media). My child may receive e-mails from the camp.

Camper Release:

Camper may be released to: mark all that apply
 Church Van _____
 Parents and guardians listed on form.
 Other _____

				<input type="checkbox"/> male	<input type="checkbox"/> female
Last Name		First Name		Middle Name	
Address		City		Zip	
Home phone		Emergency contact name (If parent or guardian is not available)		emergency contact phone numbers, home and cell	
/ /	20	1)	2)		
Birthdate	Year of graduation	Grade entering in the fall of 2010	Cabin buddy, list first and second choice, not all requests are guaranteed		
Parent or Legal guardian	relation	work phone	cell phone		
Parent or Legal guardian	relation	work phone	cell phone		
Church you attend	city	if you are coming to camp with a church please list that and let the church know you have registered			
camper's email		parent email (camper confirmation will be sent to both addresses unless you request it to be mailed here <input type="checkbox"/>			
How did you hear about The Springs? <input type="checkbox"/> friend <input type="checkbox"/> church <input type="checkbox"/> web <input type="checkbox"/> promotional event <input type="checkbox"/> other					
First time camper at The Springs <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, subtract \$25.00 from camper fee)					

Health Information- All information must be filled out. A health officer is on site at all times.

It is our policy to contact the parent or guardian in the event of a serious accident or injury as soon as possible. If information has changed on the day of registration please see the health officer at that time. Please bring all medication in ORIGINAL CONTAINER or you will not be allowed to leave the medication or vitamins at the camp. No exceptions. All prescriptions must be in that campers name and the correct dosage.

Is camper free from infectious disease or conditions? Are immunizations up to date? _____ Date of last tetanus shot
 Any activity the camper should be restricted from _____
 Any physical, mental or other condition that would require special attention or medication while at camp? _____

List any past medical treatment that would be helpful for us to know. _____

Insurance Company _____ Insurance Policy # _____

List all medications, both prescribed and over the counter, all medications will be turned into the health officer except rescue inhalers, bring all medication in original containers.

List any allergies. bees peanuts other _____
 Any dietary needs that we should know about. _____

Payment options: Make check payable to **THE SPRINGS**

Check
 Visa Mastercard (a \$6.00 fee applies)
 paypal (a \$6.00 fee applies)

Card number _____
 Exp. Date _____ 3 digit code _____
 Name as it appears on card _____
 Signature _____

Signing this form certifies that I have read all of the above information and give consent.

Signature of parent or guardian _____
 Date signed _____

A	Cost of camp (Mini Camp \$150.00) (Junior and Junior High \$250.00) (Senior High \$275.00)	
B	Paid in full discount, subtract \$25.00 Register and Pay in full before May 15 (post marked), If paying in full skip to line D. ONE TIME PAYMENT ONLY	-
C	Registration fee of \$50.00 must accompany this form unless you are paying in full	-
D	First time camper to THE SPRINGS Subtract \$25.00	-
E	Add \$6.00 for using a credit card or paypal	+
F	Donation to the scholarship fund, help another family send their kids to camp! Thanks.	+
G	Total Due. If paying in full, pay this amount, if not send in your \$50.00 registration fee And bring this amount with you on registration day.	