

# 2011 Summer Camp Registration Form: Parents or Guardians please fill out completely

989-426-7604 office  
989-426-0993 fax

week	Dates	Junior	Junior High	High School
1	6/20-6/25	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	
2	6/26-7/2			<input type="checkbox"/> Senior High Camp
3	7/5-7/7	<input type="checkbox"/> Mini Junior Camp		
4	7/10-7/16			<input type="checkbox"/> Senior High Camp
5	7/11-7/16		<input type="checkbox"/> Junior High Boys Only Camp	
6	7/18-7/23	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	<input type="checkbox"/> Senior High Camp
7	7/25-7/30	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Girls Only Camp	
8	8/8-8/13	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High	
	Labor Day	<input type="checkbox"/> Family Camp	All ages- see website	For more info.

**Register early, by May 1 get \$25 off**

### 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.

Signature of Parent or Guardian \_\_\_\_\_

**Camper Release:** Camper may be released to : mark all that apply

- Church Van \_\_\_\_\_  
 Parents and guardians listed on form.  
 Other \_\_\_\_\_

**SIGN  
HERE**

				<input type="checkbox"/> male	<input type="checkbox"/> female
Last Name		First Name		Middle Name	
Address		City		State Zip	
Home phone		Emergency contact name (if parent or guardian is not available)		emergency contact phone numbers, home and cell	
/ / 20		1)		2)	
Birth date		Year of graduation		Grade entering in the fall of 2011	
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	
parent email (camper confirmation will be sent to both addresses unless you request it to be mailed, small mail <input type="checkbox"/>				Camper email	
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? Y N Are immunizations up to date? Y N \_\_\_\_\_ 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 \_\_\_\_\_

**The Springs Camp**  
 1950 N. M-30  
 Gladwin, MI 48624

www.thespringscamp.com

A	<b>Cost of camp</b> (Mini Camp \$150.00) (Junior and Junior High \$250.00) (Senior High \$275.00)	
B	<b>\$25 Discount for registering by May 1, 2011</b> Register and Pay your deposit of \$50 by May 1 (post marked) (Subtract \$25)	-
C	<b>First time camper to THE SPRINGS Subtract \$25.00</b>	-
D	<b>Add \$6.00 for using a credit card or paypal</b>	+
E	<b>Donation to the scholarship fund, help another family send their kids to camp! Thanks.</b>	+
F	<b>Total Due.</b>	