

Register early, by May 15 get \$25 off

week	Dates	Junior	Junior High	High School
1	6/18-6/23	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	
2	6/24-6/30			<input type="checkbox"/> Senior High Camp
3	6/25-6/30		<input type="checkbox"/> Junior High Boys Only Camp	
4	7/5-7/7	<input type="checkbox"/> Mini Camp		
5	7/9-7/14	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	<input type="checkbox"/> Senior High Camp
6	7/16-7/21	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Camp	<input type="checkbox"/> Senior High Camp
7	7/23-7/28	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High Girls Only Camp	
8	8/6-8/11	<input type="checkbox"/> Junior Camp	<input type="checkbox"/> Junior High	
	8/30-9/3	<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.

Signature of Parent or Guardian _____

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

Church Van _____

Parents and guardians listed on form.

Other _____

male 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 _____

Birth date ____/____/____ 20 ____ Year of graduation ____ Grade entering in the fall of 2012 ____ Cabin buddy, list first and second choice, not all requests are guaranteed 1) _____ 2) _____

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, snail mail) check here for snail mail _____ Camper email _____

How did you hear about The Springs? friend church web promotional event other _____ First time camper at The Springs Yes 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 as soon as possible in the event of a serious accident or injury. 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	Cost of camp (Special Needs Camp \$250.00) (Mini Camp \$150.00) (Junior and Junior High \$250.00) (Senior High \$275.00)	
B	Discounts <input type="checkbox"/> Early Bird -\$25 <input type="checkbox"/> First Time -\$25 <input type="checkbox"/> Coupon -\$25 <input type="checkbox"/> Coupon -\$25 (You may take up to \$75 off in discounts. See coupon for coupon details.)	-
C	Add \$6.00 for using a credit card or paypal (Add \$6)	+
D	Donation to the scholarship fund, help another family send their kids to camp! Thanks.	+
E	Total Due.	=
F	Amount enclosed (minimum \$50 registration fee required or pay in full)	-
G	Balance due at registration (To expedite the registration line, please pay the balance two weeks prior to your child's week of camp.)	=