The Springs 2014 Summer Camp Registration Form:

Parents or Guardians please fill out completely.

Step 1 Camper Name _____ ☐ male ☐ female

Last Name First Name Middle Name

Step 2 Choose an age group:

- ☐ Mini-Junior — Entering 2nd-5th grade, $160
- ☐ Junior — Entering 3rd-6th grade, $260
- ☐ Junior High — Entering 6th-8th grade, $260
- ☐ Senior High — Entering 9th-graduate, $290

www.thespringscamp.com

Step 3 Choose a week: Choose from the Summer Calendar on the back or visit our website and go to the forms page. Please list the date of camp week preferred below.

Week of camp _____

Weeks are offered on a first come first serve basis, register early!

Step 4 Camper's Information:

_____
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 2014 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 Church you are coming with, if applicable (Remember to let that church know you have registered.)

_____
Parent email (Confirmation will be sent to both addresses unless you request otherwise: ☐ check here for confirmation via US 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)

Step 5 Camper's 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. General over the counter drugs may be administered as needed for minor reasons.*

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 _____

_____

List any allergies. ☐bees ☐peanuts ☐other _____

Any dietary needs that we should know about _____

Insurance Company _____

Insurance Policy # _____

Step 6 Medication:

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 all medication and dosage:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Register by May 1 get $25 off

Step 7 Payment options: CHECK OR PAYPAL

- ❑ Check (make check payable to: THE SPRINGS)
- ❑ Paypal (up to a 3% handling fee per camper applies) go to our website to pay using your credit card through Paypal. You do not need a Paypal account to use this service.

A $50 non refundable, but transferable, registration fee is due with this registration form.

USE WORKSHEET ON THE BACK TO FIGURE AMOUNT OWED.

Step 8 total due for this camper $_____

Amount paying today $_____

Step 9 Camper Release:

Camper will only be released to those listed below : mark all that apply

- ❑ Church Van _____
- ❑ Parents and guardians listed on form
- ❑ Other _____

_____
_____
_____

Step 10 Consent signature: Read and then sign

In case of medical emergency or general medical care, I give consent for medical treatment for the above named camper by authorized personnel. General over the counter medications may be given to my camper unless I state otherwise. The camp carries secondary insurance. I understand that the above named camper will only be released to the names listed above. 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.

SIGN HERE

_____
Signature of Parent or Guardian

The Springs Ministries 1950 N. M-30 Gladwin, MI 48624 989-426-7604 office 989-426-0993 fax

The Springs Summer 2014 Camp Calendar

Choose the week of camp and then write in the week on the registration form on the other side.

June	15	16 Junior Junior High Girls Only Promise Camp Sprinkles Day Camp	17	18	19	20	21
	22	23 Junior Junior High Senior High	24	25	26	27	28
	29	30 Mini-Junior	1	2	3	4	5
July	6	7 Junior Junior High Senior High	8	9	10	11	12
	13	14 Junior Junior High Senior High	15	16	17	18	19
	20	21 Junior High Boys Only	22	23	24	25	26
August	Senior High	Intense					
	27	28 Sprinkles Day Camp	29	30	31	1	2
	3	4 Sprinkles Day Camp	5	6	7	8	9

Payment Worksheet

A	**Cost of camp** (Special Needs Camp $200.00) (Mini Camp $160.00) (Junior and Junior High $260.00) (Senior High $290.00)	
B	**Discounts** **Please check the discounts that apply:** ☐ **Early Bird- Register by May 1-$25** ☐ **First Time -$25** **Enter total discount here:** ☐ **Bring a Friend -$25 Friend's Name:** _____ **(Bring a friend discount only applies if friend has registered and is a first time camper.)**	-
C	**Add 3% handling fee for Paypal/credit card usage**	+
D	**Donate to the scholarship fund. Help another family send their kids to camp! Thanks.**	+
E	**Total Due.**	=
F	**Amount enclosed today** **(Minimum $50 registration fee required.)**	-
G	**Balance due by registration** **(To expedite the registration line, please pay the balance two weeks prior to your child's week of camp. Payment plans are available. Call our office at 989-426-7604. Or pay any amount at anytime online for a small fee.)**	=

One check may be written for multiple children, but please write their names on check. An email confirmation will be sent to you within a couple of weeks after we receive your registration. Watch for it. (You may need to check your spam depending on your settings.) If you have questions, please call the office 989-426-7604.