

**Step 1 Camper Name** \_\_\_\_\_  male  female  
Last Name First Name Middle Name

**Step 2 Choose an age group:**

**Mini-Junior** Entering 2nd-5th grade, \$185  
 **Junior** Entering 3rd-6th grade, \$285  
 **Junior High** Entering 6th-8th grade, \$295  
 **Senior High** Entering 9th-graduate, \$315  
 **Sprinkles** 4-9 year olds, \$25/day or \$95/all four days  
 **Promise** Special Needs Camp, \$250



www.thespringscamp.com

**Step 3 Choose a week:** Choose from the Summer Calendar in the brochure or visit our website and go to the Summer Camp 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 \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_<sub>20</sub> Year of graduation \_\_\_\_ Grade entering in the fall of 2017 \_\_\_\_ 1) \_\_\_\_\_ 2) \_\_\_\_\_  
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 camper's name and the correct dosage. General over the counter drugs may be administered as needed at the discretion of the health officer on duty.*

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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

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

**Step 7 Payment options: CASH/CHECK OR ONLINE**

Cash/Check (if paying with cash or check take \$10 off. Please make checks payable to: THE SPRINGS)  
 Pay Online (Go to our website www.thespringscamp.com and create an account for your camper to make a payment online)  
**A \$50 non refundable, but transferable, fee is due with this application form.**

**Please check the discounts that apply:** (Discounts shall not exceed \$85/camper and do not apply to Day Camp or Promise Camp)

Register by May 1-\$25  First Time -\$25  Cash/Check-\$10  
 Bring a Friend -\$25  
 Friend's Full Name: \_\_\_\_\_  
**(Bring a friend only applies if friend has never been to The Springs before.)**

**Step 8 total due for this camper** \$ \_\_\_\_\_  
**Amount paying today** \$ \_\_\_\_\_  
**Balance due** \$ \_\_\_\_\_

**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 \_\_\_\_\_