

Step 1 Camper Name _____ male female
First Name Last Name Middle Name

Step 2 Choose an age group:

- Hopper** Entering 2nd-4th grade, \$200
- Venture** Entering 3rd-5th grade, \$305
- Vertical** Entering 6th & 7th grade, \$315
- Elevate** Entering 8th & 9th grade, \$315
- Intense** Entering 10th-graduate, \$325
- Sprinkles** 4-9 year olds, \$25/day or \$95/all
- Promise** Special Needs Camp, \$250
- Kampto** 15 years and up, \$325



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 _____
Please list dates

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

Step 4 Camper's Information:

Address _____ City _____ State _____ Zip _____
 Birth date ____/____/____ Grade entering in the fall of 2020 _____
 Cabin buddy, list first and second choice, not all requests are guaranteed 1) _____ 2) _____
 Parent or Legal guardian relation _____ home phone _____ work phone _____ cell phone _____
 Parent or Legal guardian relation _____ home phone _____ work phone _____ cell phone _____
 Emergency contact name (Do not list parents) _____ Relation to camper (friend, aunt, grandpa, etc) _____ Emergency contact phone numbers (list up to 2 phone numbers) _____
 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 _____ If unknown, has it been in the last 5 years? Y N
 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:

Apply by May 1 get \$25 off

Step 7 Payment options: CASH/CHECK OR ONLINE

- Cash/Check
- 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: (Camp discounts shall not exceed \$75/camper and do not apply to Day Camp or Promise Camp)

- Transfer/Church Code _____ Amount \$ _____
- Apply by May 1-\$25 First Time -\$25 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 after discounts 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, guardians and emergency contact listed on form (done automatically)
- 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. I give permission for my child to be transported off camp property if needed by designated camp staff.

Signature of Parent or Guardian _____

SIGN HERE

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