

The Springs 2024 Summer Camper Application:

Parents or Guardians please fill out completely.

Step 1 Camper Name

First Name

Last Name

Middle Name

☐ male ☐ female
as listed on birth certificate

Step 2 Choose an age group:

- ☐ **Hopper** Entering 2nd-4th grade, \$230
☐ **Venture** Entering 3rd-5th grade, \$365
☐ **Vertical** Entering 6th & 7th grade, \$375
☐ **Elevate** Entering 8th & 9th grade, \$375
☐ **Intense** Entering 10th-graduate, \$385
☐ **Sprinkles** Currently not available
☐ **Promise** Special Needs Camp, \$250



www.thespringscamp.com

Step 3 Choose a week:

Choose from the Summer calendar on the second page or visit our website and go to the Summer Camp page. Please list the date of camp preferred below.

Week of camp _____

Please list date

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 2024 _____		1) Cabin buddy, list first and second choice, not all requests are guaranteed _____		2) _____	
Parent or Legal guardian (primary contact)		relation	home phone	work phone	cell phone (if listed this will be the primary #)		
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		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 summer camper at The Springs <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, subtract \$25)							

Step 5 Camper's Health Information: All info 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.*

Any Camper Restrictions?

Any physical, mental or other condition that would require special attention or medication?

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:

Step 7 OTC APPROVAL:

☐ All Approved ☐ None Approved ☐ Some Approved
If you approve of some, please circle them below.

Benadryl | Claritin | Zyrtec | Hydrocortisone Cream
 Ibuprofen | Lotrimin Cream | Stool Softener | Tums
 Tylenol | Zantac

Apply by May 1 get \$25 off

Step 8 Payment options: CASH/CHECK OR ONLINE

- ☐ Cash/Check
☐ Pay Online (Go to 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.

Step 9 Discounts: 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.)

Total due after discounts for this camper \$ _____
 Amount paying today \$ _____
 Balance due \$ _____

Step 10 Camper Release: Camper will only be released to those listed below (Parents/guardians and emergency contact listed will be added automatically) :mark all that apply

- ☐ Church Van _____
☐ Other _____

Step 11 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. I understand that my child will be housed and use the bathroom in the same gender as specified on their birth certificate which reflects the gender listed on this application. An update may be done at registration. I certify that my child is free from infectious disease or conditions, and there immunizations and tetanus shots are up to date. 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.

**SIGN
HERE**

Office Use Only: Check # _____ Name: _____ Amount: \$ _____

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

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

S U M M E R C A M P 2024

Sprinkles Day Camp
(Ages 4-9) 9AM-4PM
Currently Unavailable

Hopper Camp
(Grades 2nd - 4th)
June 30 - July 2

Venture Camp
(Grades 3rd - 5th)
June 9-14 June 16-21
July 7-12 July 14-19

Vertical Camp
(Grades 6th - 7th)
June 9-14 June 16-21
July 7-12 July 14-19

Elevate Camp
(Grades 8th - 9th)
June 9-14 June 16-21
July 7-12 July 14-19

Intense Camp
(Grades 10th - Graduates)
June 23-28 July 21-26

Promise Camp
(Age 10 and up with Special Needs)
June 30 - July 3