The springs 2020 summer sumper ripprocurent	
Step 1 Camper Name Las	st Name Middle Name ☐ male ☐ female as listed on birth certificate
Step 2 Choose an age group: Hopper Venture Puter	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 / Birth date Grade entering in the fall of 2025 Cabin buddy, list first and s	City State Zip 2) second choice, not all requests are guaranteed
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, g	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 How did you hear about The Springs?	
Step 5 Camper's Health Information: All info m A health officer is on site at all times. It is our policy to contact the parent or guardiin the event of a serious accident or injury. If information has changed on the day of the health officer at that time. Please bring all medication in ORIGINAL CONTAIN allowed to leave the medication or vitamins at the camp. No exceptions. All prescript camper's name and the correct dosage. Any Camper Restrictions? Any physical, mental or other condition that would require special attention. Any past medical treatment that would be helpful for us to know? List any allergies. Dees Deanuts other Any dietary needs that we should know about. Insurance Company Insurance Policy # Apply by May 1 get \$25 off	ian as soon as possible fregistration please see NER or you will not be pations must be in that 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, dosage, and time taken:
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 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 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 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. HERE
Office Use Only: Check # Name: Amount: \$	The Springs Ministries 1950 N. M-30 Gladwin, MI 48624

The Springs Ministries 1950 N. M-30 Gladwin, MI 4862 989-426-7604 office 989-426-0993 fax



Sprinkles Day Camp

(Ages 4-9) 9AM-4PM June 23-26 / June 30-July 2 / July 21-24

Hopper Camp

(Grades 2nd - 4th) June 29 – July 1

Venture Camp

(Grades 3rd - 5th)

June 8-13 July 6-11 June 15-20 July 13-18

Vertical Camp

(Grades 6th - 7th)

June 8-13

June 15-20

July 6-11

July 13-18

Elevate Camp

(Grades 8th - 9th)

June 8-13

June 15-20

July 6-11

July 13-18

Intense Camp

(Grades 10th - Graduates)
June 22-27
July 20-25

Promise Camp

(Age 10 and up with Special Needs)

June 29-July 2