

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, \$245
- Venture** Entering 3rd-5th grade, \$395
- Vertical** Entering 6th & 7th grade, \$415
- Elevate** Entering 8th & 9th grade, \$415
- Intense** Entering 10th-graduate, \$425
- Sprinkles** Ages 4-9, \$35/day
- Promise** Special Needs Camp, \$275



www.thespringscamp.com

Step 3 Choose a week:

Choose from the calendar our website located on 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 2026 _____

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? friend church web promotional event other First time summer camper at The Springs Yes 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.

Is your child free from infectious disease or conditions? Yes No

Are their immunizations and tetanus shots up to date? Yes No

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, peanut (airborne or contact)

Any dietary needs that we should know about?

Insurance Company _____

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, dosage/strength, and time taken:

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

Step 8 Payment options: CASH/CHECK OR ONLINE

- Cash/Check
 - Pay Online (Go to www.thespringscamp.com and create or login to your account to make a payment)
- 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 above 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 \$ _____

Apply by May 1 get \$25 off

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 has my permission to attend 2026 camp/retreats and participate in all activities. 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**

Signature of Parent or Guardian _____

Print Name _____

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

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