

# SUMMER CAMP REGISTRATION 2012

Name of Camper \_\_\_\_\_  
Parents or Guardians \_\_\_\_\_  
Parent e-mail \_\_\_\_\_  
Camper e-mail \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Father's Day/Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Mother's Day/Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_\_ Grade this fall \_\_\_\_\_  
Church Name \_\_\_\_\_  
Name of camp session attending \_\_\_\_\_  
Bus Stop Location: Departure \_\_\_\_\_ Return \_\_\_\_\_  
Cabin Pal 1 \_\_\_\_\_ Cabin Pal 2 \_\_\_\_\_

## Please indicate if your child has problems with any of the following:

- Asthma     Diabetes     Seizures     Longterm Medication  
 Life Threatening Allergies     Bedwetting     Attention Deficit  
 Mental Health Issues     Other Chronic Condition \_\_\_\_\_  
 Special Dietary Needs \_\_\_\_\_

## Payment Method

Camp Scholarship Fund Contribution:  \$10     \$20  
 Check     Scholarship Applied For (Scholarship application available upon request)  
 VISA     MasterCard     Discover  
Amount to Charge \$ \_\_\_\_\_  
Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Credit Card Acct. No. \_\_\_\_\_

I agree to hold Covenant Pines harmless for any and all claims for injuries, causes for action, or liability related to use of all camp facilities. I further authorize the camp to use photos or video taken of my child at camp for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_

IMPORTANT: Covenant Pines is required to have a signed release form by parent or guardian of camper to authorize who will pick up the camper at camp or at the bus stop at the conclusion of the camp session. Only the person(s) authorized on this registration card will be allowed to pick up the camper. (Does not apply to senior high camps.)

Please check if the above named camper may be picked up by anyone who he/she knows.

The following is a list of names of all those who may pick up the above named camper including yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ May NOT pick up the above named camper.

## MAIL THIS REGISTRATION FORM WITH PAYMENT OR REGISTER ONLINE AT [WWW.COVENANTPINES.ORG](http://WWW.COVENANTPINES.ORG)

\$75 nonrefundable deposit required.

Confirmation packets will be sent beginning April 15.

NOTE: When the same child is registering for multiple camp sessions, separate registrations must be filed. Please indicate your 1st camp session choice. 2nd choice sessions will be granted upon available space after June 1, 2012. Prior to June 1, 2012, preference will be given to single session registrants.

\*If a camper breaks a formal rule (i.e. swearing, fighting, abusive behavior), he/she will receive a warning. If the camper breaks a rule for the second time, he/she will be brought to the camp director and the camper's parents will be contacted. If the camper breaks the rule a third time, the parents will be contacted by the camp director and they will be instructed to come to camp, pick up their child, and bring him/her home.

\*In operation of our child nutrition program authorized by the U.S. Department of Agriculture, no child will be discriminated against because of race, sex, religion, color, national origin, age or handicap. If anyone believes they have been discriminated against, they should contact the Secretary of Agriculture, Washington, DC 20250.