

# Clara Springs Summer Camps 2015



## SUMMER CAMP REGISTRATION FORM



*Please Check the Camp you wish to attend.*

<input type="checkbox"/> Kids Camp*	Grades 2nd-6th	\$150	June 1-4
<input type="checkbox"/> Girls Camp**	Grades 2nd -6th	\$150	July 6-9
<input type="checkbox"/> Youth Camp**	Grades 6th-12th	\$160	July 13-17
<input type="checkbox"/> Boys Camp**	Grades 2nd -6th	\$150	July 20-23

\*Save \$10 if Registration Form and \$25 Deposit are turned in by 5/1/15

\*\*Save \$10 if Registration Form and \$25 Deposit are turned in by 5/31/15

**\$10 Walk In Fee if Registration is not turned in 7 days before Camp begins.**

**(Camp Fee's do not include Snack Shack card.)**

**Check In & Registration will begin at 10 A.M. for each camp!**

Please read and complete entire registration form in print!

Camper's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Male ( ) Female ( ) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completed: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Email: \_\_\_\_\_

Parents Full Name: \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_

Fathers Place of Employment: \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_

Mothers Place of Employment: \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_

Home Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Camper will be picked up by: \_\_\_\_\_

Bunk Mate Request: \_\_\_\_\_

**We request that All Church groups send at least one Chaperone for Boys and One Chaperone for Girls.**

For Office Use


# 2015 Summer Camp Permission Slip

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_ Phone : \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy ID: \_\_\_\_\_

Please list any allergies you child has:

\_\_\_\_\_

Please list any Preexisting Conditions we may need to be aware of:

\_\_\_\_\_

Current Medications:

\_\_\_\_\_

**\*\*\*Important\*\*\***

**Clara Springs personnel can Only administer Medication sent from home and with detailed instructions. All Medications must be in a Pharmacy container and checked in with Camp Nurse during registration. Please make sure dosage information is on container!**

I hereby give my consent for the above named camper to take part in any and all activities occurring within the camp program. If in the event of an emergency, I cannot be reached, I hereby give my consent for Clara Springs Baptist Camp Administration to sign for emergency medical care, should it be necessary. I understand that every effort will be made to provide the safest environment possible at camp, however accidents can and do occur. I agree not to hold liable the Camp Staff or Clara Springs Baptist Camp in the case of an unforeseen event.

I consent & give permission for the use of photographs of myself/and or my child taken while at camp to be used in the promotion of Clara Springs Baptist Camp on the web page, printed material and on a camp picture CD.

I have read and understand the camp rules and guidelines for Clara Springs Baptist Camp. I understand that the above camper could be sent home at my expense at the discretion of the camp director and camp administration.

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

\_\_\_\_\_  
Date