

REGISTRATION

Camper Information

Last Name _____ First Name _____ MI _____
 Birth Date _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Grade completed this year _____
 Phone: Daytime () _____
 Evening () _____
 Ask for _____
 Parent's Name(s) _____

Home Church/Denomination _____
 E-Mail Address _____

CAMPING SESSION / WEEK

1st Choice _____
 2nd Choice _____

In signing this application I agree to abide by all policies governing personal conduct and use of camp property as outlined in the camp brochure personal conduct policies. I am aware that I am expected to cooperate and participate in all camp activities. I will do my best to fulfill these expectations.

 Camper's Signature

ADDITIONAL INFORMATION

Parent or guardian please complete and sign

Camper's Name _____
 The camper's first time away from home for a week? _____
 Is camper under regular medication? _____
 If yes, please list _____

Reason for medication _____
 Please indicate any emotional or health problems, dietary restrictions, traumatic events in the camper's life, or other information we should be aware of:

Cabin mate request (one only) _____

FOR OFFICE USE ONLY			
Date Received _____	Cost of Week \$ _____		
Amt. Rec. \$ _____	Ck. No. _____		
Cong. Asst. \$ _____	Schl. Asst. \$ _____		
Amt. Due \$ _____			

CONGREGATIONAL SUPPORT INFORMATION	
_____ Advocate/Pastor Signature	
_____ Congregation Name	
_____ Congregational Support Provided \$ _____	

CONSENT STATEMENT

In signing this application, I certify that all information is correct and my child/ward is in good health and may participate in camping activities. I give consent for camp officials to act in any emergency in the best interest of the health and welfare of my child/ward. Should it become necessary for him/her to return home during the week because of illness, accident, homesickness, or conduct, I will abide by the camp's decision in this matter and provide transportation.

I recognize that certain hazards and dangers are inherent in camp events and programs. I understand that adventure activities may expose my child to psychologically and physically stressful and challenging situations.

I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training, and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ward share responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of camp participants.

Further, I wave any claim that may arise against the camp and/or its employees as a result of participation in the program, except for those which are the direct results of gross negligence of the camp or its employees.

I give permission to use pictures including my child in camp publicity. I give permission for my child to travel in camp provided vehicles and to participate in off-site trips.

 Parent/Guardian Signature

OUR MISSION

Our Outdoor Ministry program provides a variety of settings and experiences where persons can grow toward wholeness in relationship to God, self, others, and the whole of creation. Our program, as well as our facilities models this wholeness as we strive to meet the needs of persons of all ages in the church and beyond.

SHEPERD'S SPRING

Shepherd's Spring Outdoor Ministry Center is located along the scenic Potomac River in the rolling hills of the Potomac Highlands of Central Maryland near Sharpsburg. Our 220 acres of open meadows and woodlands is home to a wide variety of wildlife. Our cabins sleep 10 campers and counselors. Dining and some camp activities are held in the main lodge. The half-Olympic-size pool is the site for canoe instruction, swimming, and other water-related activities. The nearby Potomac River and creeks provide opportunities for canoe adventures once campers have completed the necessary training.