

Registration Form

Each camper (child or adult) must have a registration form

Last Name _____ First Name _____

Gender M F Age at camp _____ Grade completed _____ Birth date _____

Complete address _____

Parent/Guardian Name(s) _____

E-mail _____ Daytime phone _____

Cell phone _____ Congregation _____

First choice camp/date _____ Second choice camp/date _____

Is this the camper's first time away from home on his/her own?

Cabin Mate Request (ONE only. Cabin Mate must also request you) _____

Is camper under regular medication? If checked, please list: _____

Reason for medication: _____

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

Camper Consent Statement:

I understand that camp is a place to have fun and try new things. I agree to involve myself in all camp activities while respecting others and camp property.

Camper Signature: _____

Parent Consent Statement:

In signing this application, I certify that all information is correct and certify that my child 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. 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 give permission to use pictures/videos including my child in camp publicity.

Parent/Guardian Signature _____

Congregational/Scholarship Support:

Pastor/Ambassador Signature _____ Amount \$ _____

Bring a Sibling - Sibling's Name _____

Work Camp attending _____

I'd like to contribute to the Shepherd's Spring Camp

Scholarship Fund - Amount \$ _____

Please be aware that a copy of your child's Immunizations record is REQUIRED.

Health, Permission and Medication forms are online. If you prefer to have them mailed to you check here:

Once registration is received you will receive confirmation.

For Office Use Only

Date Received _____

Camp Cost \$ _____

Cong Schlshp _____

SS Schlshp _____

Work Camp _____

New Friend _____

Sibling _____

Dep Amount _____

Check# _____

Balance Due _____