



# Summer Camp Registration Form 2019



## Registration Instructions

Please read before filling in the registration form

- Every camper needs his/her own registration form including grandparents and adult campers.
- **Find health forms and the parent packet on our website. Please bring completed forms to check-in.**
- If your church is providing a scholarship, please have the pastor or Shepherd's Spring Ambassador sign the registration form and indicate the scholarship amount.
- Mail the registration form and a NON-REFUNDABLE \$50 fee payable to Shepherd's Spring.
- Registration period closes **June 30, 2019.**
- You will receive confirmation once registration is received.

## Making Camp Affordable

Ask your Pastor about church scholarships.

### Shepherd's Spring also offers these savings:

- **Register before 3/31 for Early Otter Discount rates**
- **Sibling Discount** - \$20 off week-long camps
- **Work Camp Discount** - \$50 off week-long camps for participating in a Church of the Brethren Work Camp



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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender \_\_\_\_\_ Age at camp \_\_\_\_\_ Grade completed \_\_\_\_\_ Birth date \_\_\_\_\_

Complete address \_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Name(s) \_\_\_\_\_

E-mail \_\_\_\_\_ Daytime phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Congregation \_\_\_\_\_

Camp Name /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 yes, 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 \_\_\_\_\_

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:

### Congregational/Scholarship Support:

Pastor/Ambassador Signature \_\_\_\_\_

Congregational Scholarship Amount \$ \_\_\_\_\_

Bring a Sibling - Sibling's Name: \_\_\_\_\_

Work Camp attending: \_\_\_\_\_

I'd like to contribute to the Shepherd's Spring Camp Scholarship Fund. Amount \$ \_\_\_\_\_

**Once registration is received you will receive confirmation.**

### For Office Use Only

Date Received \_\_\_\_\_

Camp Cost \$ \_\_\_\_\_

Cong Schlshp \_\_\_\_\_

SS Schlshp \_\_\_\_\_

Work Camp \_\_\_\_\_

Sibling \_\_\_\_\_

Dep Amount \_\_\_\_\_

Check # \_\_\_\_\_

Balance Due \_\_\_\_\_