



Spring Training Saturday, May 24, 2008 \$29

1724 Main Street
Lake Geneva, WI 53147
Phone: (262) 248-3600 Fax: (262) 248-6814
www.covenantharbor.org

3 Ways to Register!

1) Mail 2) Fax 3) Walk-In

Participant Information (only one camper per form). Please print clearly.

Name: Last: _____ First: _____ Middle Initial: _____
Date of Birth: _____ / _____ / _____ Gender: _____ M / F _____ Current Grade (2007-08 school year): _____

Parent/Guardian Information (used for all correspondence, billing, emergency contact)

1st: Last, First, M.I. _____ E-mail: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

2nd: Last, First, M.I. _____ E-mail: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Place of Worship (optional): _____ City, State: _____

Denomination: _____

Team Mate Requests (optional) List maximum of two team mates below with whom you would like to be grouped.

1st Name: Last, First _____ 2nd Name: _____

Payment Information Check this box if the payment is not from parent/guardian listed above

Check Enclosed Payable to Covenant Harbor **OR** Visa Master Card Discover

Credit card payments must be for full camp fee (including deposit)

Card # _____ - _____ - _____ - _____ Expiration _____ / _____ / _____ Security Code _____ (last 3 digits on the back of your card): _____

Name on Card or Account: _____

Authorized Signature: X _____

Cost \$ 29

Cancellation Policy: Cancellations must be received in writing. The Cancellation policy is based on when we receive written notification. Cancellations made more than 2 weeks before the event will receive a full refund minus the non-refundable deposit of \$10 per day. Cancellations made less than 2 weeks before the event will receive no refund. Exceptions may be made for medical reasons, when doctor's verification is presented.

Payment Enclosed \$ _____
Balance Due \$ _____
(min. non-refundable deposit \$10)

Consent and Release

Consent and Release I hereby grant permission to: (1) the above named camper to fully participate in all camp activities, outings, and field trips conducted on and off the campus of Covenant Harbor recognizing that some such activities may be physically rigorous, (2) the camp to provide routine health care, administer prescribed medication, order medication, secure treatment for the above named camper, (3) the physician selected by Covenant Harbor to hospitalize, treat, order injection(s), anesthesia, and/or surgery for the above named camper in the event of an emergency, and (4) Covenant Harbor to transport named camper as needed, to use a photocopy of this form as my authorization when necessary, and to use the camper's photo in future promotional materials. I have read and voluntarily agree to the statements herein.

Signature of parent/guardian: _____

Printed Name: _____ Date: _____

You should receive written confirmation within two weeks of registering. If you do not receive a written confirmation invoice, please call Rose (262) 248-3600 ext. 327. For program questions, please contact Pam Klockars, ext. 336