

Covenant Harbor Winter Registration Form

INDIVIDUAL REGISTRATION ONLY



Select retreat: Deep Freeze Feb. 11-13 (Jr. High) Deep Freeze Feb. 18 -20 (Sr High)
 Winter Fest Feb. 25 - 27 (3rd - 6th grade)

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

Name: Last: _____ First: _____ Middle Initial: _____
Date of Birth: ____ / ____ / ____ Gender: M / F Current Grade (2010-11 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: _____

Prices include 2 nights lodging, four meals, a themed t-shirt and all onsite activities.

Camper Rate \$149 Fee \$ _____
T-shirt size (size availability not guaranteed) Youth Large Small Medium Large X-Large

Cabin Mate Requests (optional) More than 2 cabin mates is not guaranteed.

1st Name: _____ 2nd Name: _____

Check enclosed payable to Covenant Harbor **OR** Visa Master Card Discover
Credit card payments must be for Full Balance Due

Card # _____ - _____ - _____ - _____ Expiration ____ / ____

Name on Card or Account: _____ Payment Enclosed \$ _____

Authorized Signature: X _____ (includes \$30 non-refundable deposit)

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 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 (3) 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. Model Release: Photographs and video may be taken throughout the weekend for promotional purposes. Your registration constitutes permission for Covenant Harbor to use your photo, and others registering on this form, in promotional materials. I have read and voluntarily agree to the statements herein.

My camper may participate in the polar bear dip. (Only available at Deep Freeze weekends) yes no

Signature of Parent or Guardian: _____ Date: _____

Mail or fax this form directly to Covenant Harbor along with the 2011 Health History/Consent & Release Form. Registration must include non-refundable deposit. A confirmation will be sent upon receipt of registration. Please call if you have not received a confirmation letter 3 weeks after registering.

Cancellation policy: Cancellations must be received in writing. The Cancellation policy is based on when we receive written notification. Cancellations made more than 4 weeks before the event will receive a full refund minus the non-refundable deposit of \$30 per person. Cancellations made less than 4 weeks before the event receive no refund. Exceptions may be made for medical reasons, when doctor's verification is presented.

Covenant Harbor Bible Camp and Retreat Center

1724 Main Street - Lake Geneva, WI 53147

Phone: (262) 248-3600 Fax: (262) 248-6814 Web: www.covenantharbor.org



2011 Health History/Consent & Release Form

♦ Winter Camps

Mail to: Covenant Harbor Bible Camp ♦ 1724 Main Street ♦ Lake Geneva, WI 53147

Phone: 262.248.3600 ♦ Fax: 262.248.6814 ♦ web: www.covenantharbor.org ♦ e-mail: camp@covenantharbor.org

Please print clearly, in ink

Participant Name: _____ Date of Birth: _____ Gender: _____
(First Name) (Last Name)

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

Parent/guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

City, State, Zip _____ Cell Phone: _____

Emergency Contacts: If above listed parents/guardians are not available in an emergency, please notify:

Name: _____ Relationship: _____

Address: _____ Primary Phone: _____

ALLERGIES-List all known (or None) Describe reaction and management of the reaction (Include medication, Food & other allergies)

Insurance Information

Covenant Harbor provides secondary insurance. In the event of camper's injury/illness related to activities while at camp, your insurance information is necessary.

I have enclosed an enlarged clear photocopy of my insurance card (both sides). Required, if insured.

Participant is currently NOT insured.

Name of family physician: _____ Phone: _____

Address: _____

MEDICATIONS BEING TAKEN

medication, the dosage, and the frequency of administration. Attach additional page, if necessary.

This person takes NO medications on a routine or "as needed" basis.

This person takes medications as follows:

Med # 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

RESTRICTIONS

The following restrictions apply to this camper: _____

ATTACH an additional sheet with any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware, if necessary.

Consent and Release-This form must be signed prior to arrival for participation in any & all activities.

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted and to participate fully in a physically rigorous program both on and off the camp grounds, to be transported, and to participate in outings, and field trips conducted off Covenant Harbor's grounds. This completed form may be photocopied for trips out of camp.

I hereby give permission to the camp to provide routine health care, administer prescribed medication, order medication, secure treatment, seek emergency medical treatment including ordering x-rays or routine tests (and to order injection, anesthesia, and/or surgery) for the participant named above. I agree to the release of any records necessary for insurance purposes or copied for transportation record. I give permission to the camp to arrange necessary related transportation for the above named participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent/guardian or adult camper: _____

Printed Name: _____ Date: _____