



Winter Fest Registration Form 2012

Individual Registration Only

Mail or fax registration & health form to: 1724 W Main Street • Lake Geneva, WI 53147
Phone: (262) 248-3600 • Fax: (262) 248-6814 • www.covenantharbor.org

Participant Information - only one camper per form. Please print clearly in ink.

Name: Last: _____ First: _____ Middle Initial: _____ Gender: _____ M / F
Date of Birth: _____ - _____ - _____ Grade (2011-12 school year): _____ School: _____

Parent/Guardian Information - used for all correspondence, billing and 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: _____

Program Prices include 2 nights lodging, four meals, and all onsite activities.

Winter Fest 3-6 grades Feb. 24-26

Fee \$ **149**

Cabin Mate Requests (optional) Placement with 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 ____ / ____ / ____ Security Code _____

Name on Card : _____ Payment Enclosed \$ _____

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

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.

Consent and Release I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Harbor recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Harbor has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Harbor nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Harbor to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Signature of Parent or Guardian: _____ Date: _____

Mail or fax this form directly to Covenant Harbor along with the 2012 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.

Covenant Harbor Bible Camp and Retreat Center
1724 W Main Street - Lake Geneva, WI 53147
Phone: (262) 248-3600 Fax: (262) 248-6814 Web: www.covenantharbor.org



2012 Health History/Consent & Release Form

♦ Winter Camps

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

Phone: 262.248.3600 ♦ Fax: 262.248.6814 ♦ www.covenantharbor.org

PARTICIPANT INFORMATION *Please print clearly, in ink*

Name: Last _____ First _____ Middle Initial: _____

Date of Birth: _____ - _____ - _____ Gender M / F

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: _____

Home Phone: () _____ Work Phone: () _____ Cell 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 a clear photocopy of my insurance card (both sides). Required, if insured.

Participant is currently NOT insured.

Name of family physician: _____ Phone: _____

Name of family dentist/orthodontist: _____ Phone: _____

MEDICATIONS BEING TAKEN

Please list medications needed while your child is at camp. Keep it in the original packaging/bottle that identifies the drug, name of the 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.

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. This health history is correct and complete as far as I know.

Signature of parent/guardian or adult camper: _____

Printed Name: _____ Date: _____