



Overnight Registration Form 2012

Mail or fax registration 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: _____

Cabin Mate Requests (optional) List no more than two cabin mates below. Larger groups will be separated.

1st Name: _____ 2nd Name: _____

Select Program (i.e. Kishwaukee Trailblazer)

(i.e. June 17-23)

Program: _____ Dates: _____

Pier 30 Navigator Only - Skill Selection

Note: Junior High campers participate in ONE skill.

If first choice is full, you will be registered for your next choice. See brochure for skill list or website for full descriptions.

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Discounts (See registration instructions in brochure or on website to see if you qualify)

Bring-a-Friend Discount - (6 night camps only. Returning camper brings a new camper and each save \$50.)

Friend's name (both forms must be sent in same envelope): _____

Early Registration Discount - (3, 4 or 6 night camps only. Register and pay in full by March 15, save \$30.)

Payment Information Check Enclosed Payable to Covenant Harbor* (our preferred payment)

Credit card payments must be for full camp fee. Visa Discover Master Card

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

Name on Card: _____ Security Code** _____

Authorized Signature: **X** _____

* A \$15 processing fee will be charged for checks returned by the bank for non-sufficient funds (NSF checks). **last 3 digits on the back of your card.

No one should miss camp because it is unaffordable, call our registrar at 262-248-3600 x 327 for information about financial assistance.

Cancellation policy Cancellations must be received in writing. The Cancellation policy is based on when we receive written notification. More than 30 days before the first day of camp - Full refund except non-refundable deposit; 7 to 30 days before the first day of camp - All but \$150 of payments received will be refunded; Less than 7 days before the first day of camp - No refund. Medical cancellations - A full refund (minus a \$25 processing fee) will be given when doctor's verification is presented prior to the start of camp.

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/guardian: _____

Printed Name: _____ Date: _____

