

NO PRICE CHANGE THIS YEAR

The Springs 2009 Summer Camp Registration

Camper's Name _____ Sex _____ Grade next fall _____ Birth date _____ / _____ / _____
 Father's Name (or legal guardian) _____ Mother's Name (or legal guardian) _____
 Mailing Address _____ City _____ State _____ Zip _____ Home Phone (_____) _____ (_____) _____
 Father's Work Phone (_____) _____ cell or alternate (_____) _____
 Mother's Work Phone (_____) _____ cell or alternate (_____) _____
Emergency Contact (when parent is not available) _____ Phone _____
 Name _____ City _____ State _____
 Church you attend _____
Camper Release (list anyone, including parents, that your camper can be released to)

One buddy I would like to be in a cabin _____ Y N
Payment options: Circle one Check money order paypal credit card
 Make check payable to: The Springs
 Credit Card Number _____ Exp date _____ CVV code _____

Early Bird Discount
 Register and Pay in full by **May 15**
 (post marked)
Save \$25.00
 Also watch for coupons
 in your confirmation letter and save more!

Grade Camp	Mark One	Dates	Cost
2-5 Mini Camp		Jun 29-July 1	\$125
3-6 Junior		June 15-20	\$225
3-6 Junior		Jul 27-Aug 1	\$225
3-6 Junior		Aug 10-15	\$225
6-8 Jr. High		Jun 22-27	\$225
6-8 Jr. High		July 13-18	\$225
6-8 Jr. High		July 27-Aug 1	\$225
9-12 Sr. High		July 5-11	\$250
9-12 Sr. High		July 19-25	\$250
9-12 Sr. High		July 27-Aug 1	\$250

**To reserve your spot, please mail your registration and \$50 non-refundable, transferable deposit to:
 The Springs, 1950 N M-30, Gladwin, MI 48624 * (989) 426-7604**

Signature of Parent or Guardian _____ Date _____

Insurance Information
 Insurance Name _____ Policy # _____ Group # _____

Medical and Health Information
 Physician _____ Phone (_____) _____

Medications Taken Regularly _____
 Allergic reactions Bee Stings Food other _____
 Medication taken regularly (must be in original container) _____

Any health or behavioral conditions that The Springs should be aware of? _____

Is the camper free from contagious infectious diseases? _____ Immunizations up to date? _____

Date of last tetanus shot _____

Should camper's activity be restricted because of any physical limitation or illness? _____

If yes, identify _____

In case of a medical emergency or general medical care, I give consent for medical treatment for the above named child by authorized personnel. I certify the above named child has my permission to attend The Springs Camp. I also realize that the above named child's picture, video or testimony may be used in promotion of the camp.