# Cumberland Springs Bible Camp 2018 Camp Registration Form

The Camp Registration Form, Health Information Form, and the Permission Form must be filled out completely for attendance at CSBC Overnight and Day Camps.

### Please register early!!

Camper Info

Name		
Address		
City	State	ZIP
Parents email:		· · · · · · · · · · · · · · · · · · ·
BoyGirl Date of Birth		
T-Shirt SizeYSYMS	_ML _	XLXX
Campers are placed in cabins (or da to age. In the space provided below cabin/group mate of your own age.		
Registration Information -	- Summe	r Camps
Please read the important inforn CSBC Camp Brochure about ago Tracks Activities.		
I have earned a full "campership" specified Bible lessons. You must reg fee is required; this fee removes the no money at camp.	ister and a \$	S15 program
I have earned a partial "campers specified Bible lessons (second year a \$95 which includes the program fee.		
<b>Overnight Ca</b> (Monday 10:00 am - Frid		
Junior Camp	June 11 - 1	5
Tween Camp	June 18 - 2	2
Teen Camp	June 25 - 2	:9
<b>Day Camp</b> (Monday - Friday - 8:00 a		

Day Camp 1...... July 9 - 13

Day Camp 2...... July 16 - 20

Day Camp 3...... July 23 - 27

Office Use Only				
Event				
Date Recvd				
Amt Paid				
Bal Due				

Contact information:

### Cumberland Springs Bible Camp P. O. Box 455 Dayton, TN 37321 (423) 775-3148

e-mail: camp@cumberlandsprings.org

Parent/Emergency I	nfo
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Custodial parent(s)/guardian(s):

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Person to notify in case of emergency if parents/guardians cannot be reached:

\_\_\_\_Father only \_\_\_\_ Other

	parents/guardian	s cannot be reached:
Name		
Phone (_	)	Phone (
Name		
Phone (_	)	Phone (

#### 2018 Overnight Camp Fee Information

<u>All overnight</u> campers pay a \$15 program fee, including those who have earned a full or partial "campership". This fee includes a choice of a CSBC T-shirt or a CSBC logo item (if available) and Snack Shop goodies. No spending money is needed and no money will be accepted at the Snack Shop

### **Overnight Camp Fees**

Full Price (includes program fee)\$175	
Early Registration (includes program fee)\$160 (Register before May 15.)	
Partial "Campership" (includes program fee)\$95	
Full "Campership" – (program fee)\$15	
Multi-Sibling Discount – First child full price, all other	
siblings 15% off.	

#### 2018 Day Camp Fees

All Campers	\$95

Day Camp Fee includes choice of CSBC T-shirt or CSBC logo item and Snack Shop goodies. No spending money required.

(There is a \$5 fee per family for campers riding the CSBC van for Day Camp.)

# **Health Information & History and Permission Form**

This form is to be filled out by a parent or guardian of the camper.	
Camper's Name Contact	t Person Phone Number
Is the camper covered by family medical/hospital insurance? Yes	
If so indicate carrier or plan name	
Name of insured	
Insurance ID number	
Copy of insurance card (front and back) required.	
Family Doctor Pho	ne
Are immunizations up to date?YesNo If not, please explain	
Allergies:	Medications being taken:
Type of allergy:	
	Describe the dosage and frequency of administration
Describe the reaction and the management of the reaction.	<del></del>
	Chronic or recurring illness or medical condition
<del></del>	<del></del>
Descrit consequents contaminated discours?	A man and a state of the state
Recent exposure to contagious disease?YesNo If yes, please describe	Any restriction to activity
Parental Pe	ermission
Camp activities include strenuous outdoor activities and out of cathere is an inherent risk in participating in these activities. By sig involved in camp activities and you are giving permission for you supervised, with an emphasis on safety.	ning below you are indicating that you understand the risk
Importantthis statement mus	st be signed for attendance.
I give full permission for my child to participate in camp activities and for out of call History form). It is the intention of the undersigned by this instrument to exempt all liability or responsibility whatsoever for personal injury, property damage, or disurgical treatment, I hereby authorize Camp officials to stand in my stead to authorize to contact me prior to such authorization. I also understand that pictures containing my child's likeness (and/or my likeness) for the promotion of camp. I understand that Cumberland Springs Bible Camp reserves the right to discooperative or non-compliant.  I understand that my insurance will be filed as the primary carrier. In the event the Medical Supplement will be filed within the prescribed limits.	and release TMM Ministries, Inc. and Cumberland Springs Bible Camp from leath of my child. In addition, if the camper needs emergency medical or norize needed care, with the understanding that reasonable effort will have ures will be taken during my child's time at camp, and I give permission for CSBC camp ministry. This completed form may be photocopied for trips out of iscipline or dismiss my child from camp with forfeiture of fees if he/she is non-
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Signature of parent or guardian	Date
We must have a completed and signe	ed permission form for each camper.