

Cumberland Springs Bible Camp Fall 2020 Activities Registration Form

Office Use Only	
Date Received:	_____
Dep Amt _____	Ck# _____
Reg For _____	_____
Bal Due _____	_____

The Retreat Registration Form, Health Information Form, and the Permission Form must be filled out completely for attendance at CSBC retreats.

Please register early!

Contact information:
Cumberland Springs Bible Camp
P. O. Box 455
Dayton, TN 37321
(423) 775-3148
e-mail: info@cumberlandsprings.org

Camper Info

Name _____
 Address _____
 City _____ State _____ ZIP _____
 ___ Boy ___ Girl Date of Birth _____

Registration Information

2020 Fall Activities

- ___ Fun Day 1 ----- Sept. 19 \$10
 Ages 6 - 8 (10:00 am – 3:00 pm)
 (Register by Sept. 16)
- ___ Fun Day 2 ----- Oct. 10 \$10
 Ages 9 - 11 (10:00 am – 3:00 pm)
 (Register by Oct. 7)

Invite a friend!

If you bring a friend, they will need a CSBC Registration form and a CSBC Health Information form. These are available on cumberlandsprings.org. You could also call us and we can send the forms.

Please e-mail or call us to let us know you are coming. Then, just bring your forms when you come.

Parent/Emergency Info

Custodial parent(s)/guardian(s):

Name _____
 Phone () _____ Phone () _____
 Name _____
 Phone () _____ Phone () _____
 Camper lives with ___ Both parents ___ Mother only
 ___ Father only ___ Other

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

Name _____
 Relationship to camper _____
 Phone () _____ Phone () _____

What to Bring

Fun Day:

Outdoor clothes that can get dirty, closed-toe shoes for activities. Sorry, the pool won't be open for Fun Day.

Notes

- *Space is limited. Register soon.
- *All activities will be held outside.
- *In case of inclement weather, events are cancelled

Health Information & History and Permission Form

Revised 5/20/2020

This form is to be filled out by a parent or guardian of the camper.

Camper's Name _____ Contact Person Phone Number _____

Is the camper covered by family medical/hospital insurance? Yes No

If so indicate carrier or plan name _____

Name of insured _____ Relationship to camper _____

Insurance ID number _____

Copy of insurance card (front and back) required.

Family Doctor _____ Phone _____

Are immunizations up to date? Yes No If not, please explain. _____

Allergies:

Type of allergy: _____

Describe the reaction and the management of the reaction.

Recent exposure to contagious disease? Yes No

If yes, please describe. _____

Medications being taken:

Describe the dosage and frequency of administration

Chronic or recurring illness or medical condition

Any restriction to activity

Please describe any other health or medical concern or any other restriction to activity. (Use the back of this page if necessary.)

Parental Permission

Camp activities include strenuous outdoor activities and out of camp travel in camp vehicles. As with most activities in life, there is an inherent risk in participating in these activities. By signing below you are indicating that you understand the risk involved in camp activities and you are giving permission for your child/ward to participate in all activities. All activities are well-supervised, with an emphasis on safety.

Important--this statement must be signed for attendance.

I give full permission for my child to participate in camp activities and for out of camp program travel (any exceptions are noted on the Health Information and History form). It is the intention of the undersigned by this instrument to exempt and release TMM Ministries, Inc. and Cumberland Springs Bible Camp from all liability or responsibility whatsoever for sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In addition, if the camper needs emergency medical or surgical treatment, I hereby authorize Camp officials to stand in my stead to authorize needed care, with the understanding that reasonable effort will have been made to contact me prior to such authorization. I also understand that pictures will be taken during my child's time at camp, and I give permission for pictures containing my child's likeness (and/or my likeness) for the promotion of CSBC camp ministry. This completed form may be photocopied for trips out of camp. I understand that Cumberland Springs Bible Camp reserves the right to discipline or dismiss my child from camp with forfeiture of fees if he/she is non-cooperative or non-compliant.

I understand that my insurance will be filed as the primary carrier. In the event that no insurance is provided by the family, Cumberland Springs Bible Camp's Medical Supplement will be filed within the prescribed limits.

Signature of parent or guardian

Date

We must have a completed and signed permission form for each camper.