

Campers Information – 2009

Camper's Name _____ Phone# _____

Address (City/state/zip) _____

Church Name _____ Pastors Name _____

CAMP (CHECK ONE)		DATES	PRICE	CAMP USE ONLY <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Pre-registered <input type="checkbox"/> Yes <input type="checkbox"/> No Cabin _____ Counselor _____
<input type="checkbox"/>	Elisha's Camp	June 17 - 20	\$100*	
<input type="checkbox"/>	Senior High Camp	July 6 - 11	\$145	
<input type="checkbox"/>	Intermediate Camp	July 13 - 18	\$140	
<input type="checkbox"/>	Junior Camp	July 20-25	\$135	
<input type="checkbox"/>	Late Registration Fee		\$50	
Total:				

Health Information & Registration

I hereby give permission for my child to attend and to participate in all Castle Rock Baptist Camp activities and absolve Castle Rock Baptist Camp from liability to me or my child because of injury while attending camp Castle Rock Baptist Camp. In case of any accident or serious illness, I hereby authorize Castle Rock Baptist Camp to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request Castle Rock Baptist Camp to notify me. I understand that the accident insurance of the camp is only secondary to my personal health insurance and may not cover any expenses depending on the insurance company's findings. Furthermore the Camping staff have been aware of any special health concerns my child has. **\$50.00 if already pre-registered for their week of camp as a camper*

Parent/Guardian _____ Date _____

Emergency# (____) _____ - _____

Insurance Co. _____ Policy _____

Address _____ Phone (____) _____ - _____

City/State/Zip _____