



# SUMMER CAMP 2022

## Personal Information

First and Last Name
<input type="checkbox"/> Male <input type="checkbox"/> Female
Address
City, State, Zip
Grade Entering in the Fall: <input type="checkbox"/> Teen Camper <input type="checkbox"/> Junior Camper
Phone Number
Email
Church Name
Church City, State

## Camp Options select your week of camp

<input type="checkbox"/> Wk 1: June 20-24	<input type="checkbox"/> Wk 4: July 18-22
<input type="checkbox"/> Wk 2: June 27-July 1	<input type="checkbox"/> Wk 5: July 25-29
<input type="checkbox"/> Wk 3: July 11-15	<input type="checkbox"/> Wk 6: August 1-5
<input type="checkbox"/> Leadership Camp July 25-August 5(\$385)	

## Camp Cost

Registration \$279	= \$
March Early Bird (-\$10)	= \$
Deposit (\$50)	= \$
Total Due	= \$

## Form of Payment

Check #       Cash       CC       Paying through Church

Name on Card	Zip Code
Card #	Exp / CVV

Payment can be made with cash, check or credit card (here, online at [www.cobeac.org](http://www.cobeac.org), or by calling the camp office at 989-366-5162).

## Medical Information

Emergency Contact/ Relationship To Camper
Emergency Phone
Allergies and Dietary Restrictions
Insurance Information
Pertinent Medical History
Health and Behavioral Limitations
List any medications, dosage, and times taken

## Consent Form \*signature required to attend camp

I will not hold or attempt to hold Independent Fundamental Baptist Fellowship and Camp CoBeAc liable for any loss, damage, or injury to person or property caused by an act or neglect of other persons, caused in any manner other than the willful or negligent act of Independent Fundamental Baptist Fellowship and Camp CoBeAc, its agents and employees, and will indemnify and hold the Independent Fundamental Baptist Fellowship and Camp CoBeAc harmless from any liability for damages or claims against the Independent Fundamental Baptist Fellowship and Camp CoBeAc arising out of or in any way related to any such loss, damage, or injury. I release the Independent Fundamental Baptist Fellowship and Camp CoBeAc, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. I/We hereby give permission to the medical personnel selected by the Independent Fundamental Baptist Fellowship and Camp CoBeAc to secure administer treatment and to maintain and/or release any medical records necessary for insurance purposes. The Independent Fundamental Baptist Fellowship and Camp CoBeAc does not provide secondary insurance. I understand that I will be expected to pay any medical expenses through my medical insurance company and guarantee payment for services not paid by insurance. I understand that I must sign this form in order for my camper to attend Camp CoBeAc.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_