

## 2010 Camp Registration Form

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone# \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

**Minors only complete the following:**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade entering in Sept \_\_\_\_\_  
 Parent/Guardian Names (please print) \_\_\_\_\_ Parent/Guardian work phone \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_

**Camp Choice**

Camp#	Dates	Camp name	Cost
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

**Your answers will help us provide the best camping experience possible:**

Medical concerns (allergies, diabetes, ect.)? \_\_\_\_\_  
 Dietary concerns (lactose intolerant, vegetarian, etc.)? \_\_\_\_\_  
 Special concerns (shy, recent family loss, ADD, ADHA, etc)? \_\_\_\_\_

**Please indicate permission for the following by initialing:**

\_\_\_\_\_ I give permission for still or video pictures of me/my child to be used for camp promotional purposes.  
 \_\_\_\_\_ I give permission for my name/my child's name, address and phone number to be shared with other campers.

**Assumption of Risk and Release of Liability  
 Read Carefully Before Signing**

In consideration of my being allowed participation in camp activities offered by Covenant Hills Christian Camp, I acknowledge and agree as follows: I hope to enjoy the many experiences afforded to children at the camp, including but not limited to soccer, archery, swimming, canoeing, team building/trust activities, hiking, etc. I acknowledge that these and other sporting activities pose inherent risk of injury to the participant, and I hereby agree to accept the dangers inherent in the sporting activities offered by the camp. I further agree to waive any and all claims I may have for injuries that may result from my participation in sporting activities, insofar as the dangers are an obvious and necessary part of the activity (title 12 V.S.A 1037). I further agree that this contract will be governed by the laws of the state of Vermont.

**HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, CAMPER, AND CAMPER'S PARENTS/GUARDIANS, SIGNIFY THEIR ACCEPTANCE OF THE ABOVE TERMS AND CONDITIONS BY SIGNING BELOW.**

DATED this \_\_\_\_\_ day of \_\_\_\_\_ Parent Signature: \_\_\_\_\_  
 Camper's Name: \_\_\_\_\_ Camper Signature: \_\_\_\_\_

Complete this form, sign it and send with deposit to the registrar of the camp you wish to attend. Please make checks payable to Covenant Hills and send to: Richard Klofach, 365 Belle Vista Rd. North Troy, VT 05859 or fax (802)988-4431. **A non-refundable deposit is required for all camps, \$110 for week long camps and \$65 for half-week camps. REMAINDER OF FEE IS DUE AT REGISTRATION.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/guardian should sign for minors