

Camp of the Cross Ministries - 2023 Summer Camp Registration Form
PO Box 1257 Garrison, ND 58540 701-337-2246 info@campofthecross.com www.campofthecross.com

CAMPER INFORMATION

Please print neatly and fill out both sides of form.

Please circle one:

Name _____

Male or Female

Adult or Youth

Address _____

DOB _____

Grade Entering _____

City _____ State _____ Zip _____

Home Phone _____

Parent/Guardian(s) _____

E-mail _____

Work Phone _____

Cell Phone _____

Emergency Contact _____

Emergency Phone _____

Dates Requested _____

Program Requested _____

Cabin Mate Request _____

Tee Shirt Size: circle Y or A, give size _____

HOME CONGREGATION & CAMBERSHIP

Home Congregation _____

Congregation City _____

Amount of Church Campership \$ _____

Pastor's/Authorized Signature _____

PROGRAM FEES

Cost of Program from website \$ _____

Early Registration Discount -\$ _____

Early Registration Discount Choices

February 1st- \$25 discount

April 1st- \$15 discount

Church Campership -\$ _____

Church Name: _____

TOTAL OF DISCOUNTS \$ _____

TOTAL OF AMOUNT NOW DUE (Program cost minus discounts)=\$ _____

*Program fees need **NOT** be paid in full at the time registration is submitted for discounts to apply.*

Payment to be now. -\$ _____
(nonrefundable \$50 minimum)

BALANCE due before =\$ _____
check in.

2022 Summer Camp Registration - continued

Upon completion of the camper week, the camper named on this registration form may only be released to the following persons (Parents/guardians, be sure to include yourselves):

\$50 nonrefundable deposit due with each registration.

Payment by Check of Money Order: Total Amount Enclosed \$ _____

Please make payable to Camp of the Cross Ministries.

Payment by Credit Card:

Credit Card: Visa _____ **MasterCard** _____ **CVV #** _____

Card Number: _____

Name on Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Amount to be Charged: \$ _____ **Expiration Date:** _____

The Participant listed on this registration form has permission to fully participate in all aspects of Camp of the Cross Ministries (CCM) unless otherwise noted. I authorize CCM and its delegated leaders, staff, and medical personnel to secure proper medical/hospital treatment deemed necessary for said participant and to arrange any necessary transportation. I release CCM and its delegated leaders, staff, and medical personnel from any and all liability and claims arising from consent given in good faith and in connection with any medical/hospital concerns. I understand that my insurance or that of the participant listed on this form has primary coverage. I understand that CCM and its staff members are not responsible for injury related to camper participation.

Parental Acknowledgement & Release for Camper Medication: The Executive Director of Camp of the Cross Ministries each summer employs and designates individuals to be the Health Officers. These persons report directly to the Executive Director for health and wellness of the ministry. These persons are not required to have any health related background. They are required to have CPR and First Aid Training. CCM will help in the self-administration of your child's medication and any other reasonable health care needs. We will provide a safe place to keep the medicine and grant access to the medication at the time and frequency you provide.

I give my approval for this form to be copied as necessary for use by CCM.

**** I give permission for photos and/or video taken of me and/or the participant named on this form to be used by CCM for promotional purposes.**

By signing my name below, I acknowledge that I have read, understood, and agreed to these statements.

Signature: _____ **Date:** _____

Printed Name: _____