

2012 YOUTH SUMMER CAMP REGISTRATION FORM

Camp Cotubic
 2158 Rd 25 N
 Bellefontaine, OH 43311
 937.468.2519 * Fax 937.468.2520
 ccotubic@bright.net
 www.campcotubic.com

Please complete both sides of registration form(s) and mail with a minimum **\$100 non-refundable deposit by April 30th**. Late registrations are accepted, however space is limited and spots are reserved on a first deposit-paid basis. More forms are available at www.campcotubic.com on the schedule page.

PERSONAL INFORMATION (Please Print) Female Male Grade Finished June '12

Camper's Last Name	First
Mother's Name	Father's Name
Camper's Mailing Address ()	City State Zip
Home Phone	E-mail address
Church Name (where camper attends)	Cabin Mate (Church or Individual)

CAMP WEEK ATTENDING (Grade completed in June '12)
 Teen Challenge Camp, (7th -12th grade), June 10-16, 6 nights, Sun.-Sat. **\$285.00**
 Discovery (5th-6th grade) June 24-29, 5 nights, Sun.-Fri. **\$265.00**
 Voyager (2nd-4th grade) July 15-19, 4 nights, Sun. -Thurs. **\$245.00**

\$ _____ Camp Cost includes Camp Activities, all meals and lodging for the week.
 \$ _____ Less Sibling Discount for Additional Children (-\$25) **Additional Children** in immediate family receive a \$25 discount applied to the **later** camp(s).
 \$ _____ Total Due
 \$ _____ Enclosed Deposit (**see above**) Due April 30th.
 \$ _____ Amount Church to pay (if known). Church Name _____
 \$ _____ Balance Due upon arrival

PAYMENT INFORMATION Check enclosed Visa M/C
 Visa-M/C Acct# _____ Exp Dt ____/____/____ CSC# _____
(Last 3 digits on back of card)
 Payment Amount \$ _____
 Charge Trans. Fee \$ 5.00 PRINT Name on Card _____
 Total Charge Amt. \$ _____
 Signature _____

FOR OFFICE USE: Deposit pd	Check#/V/MC	Postmarked	Church Amt to pay	Church Pd	Balance Due
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MEDICAL/EMERGENCY INFORMATION

This information is given to the camp nurse. Parent(s) please fill out and sign.

CAMPER'S LAST NAME Camper Date of Birth

Mother's Name Phone #'s (Home) (Work) (Cell)

Father's Name Phone #'s (Home) (Work) (Cell)

Other Emergency Contact Phone #'s (Home) (Work) (Cell)

Physician Name Phone #' - -

Insurance Company & Policy # Camper SS# (For emergency use only. Not kept in our Database.)

Immunizations

Current Medications

Authorizations for My Child:

- I, the undersigned, hereby give my permission to Camp Cotubic to contact a physician, emergency squad, hospital, etc. in order to provide emergency care for my child and to provide routine medical care for the above named child should an emergency arise. I also give my consent to the camp staff to provide over the counter medication for my child. Yes No
- I, the undersigned, give my permission to the Camp Cotubic staff to use any pictures, videos, audio recordings in which my child may be present for promotional purposes. Yes No
- Understanding that an outdoor camping experience carries with it certain risks, I, the undersigned parent or legal guardian, do hereby agree to indemnify and hold harmless Cotubic Ministries, Inc., its Board of Directors, agents, and employees from all damages, judgments, expenses, attorney fees and claims arising out of personal injury sustained by the above named camper arising out any activity or program being conducted by "the camp" with the understanding that the laws of the State of Ohio govern additional acts classified as or found to be of gross negligence. Yes No *

Signed by parent or legal guardian: _____
(* If No, some activity restrictions may apply for your child.)

For Camp Nurse Use Only:

Temp.: _____ Ears: _____ Head: _____

Specific Instructions:
