

GENEVA Winter Camp: December 28-29, 2011

Registration Form



Camper's Name _____ M / F

Address _____ City _____ State _____ Zip _____

Phone _____ Email address _____

Birthdate ____/____/____ School Grade _____ Bunk Partner *preferred* _____

Church _____ City of Church _____

Parent Mr./Mrs./Ms. _____ Daytime Phone _____

Other emergency contact/relationship _____ Phone _____

Refund Policy: Refunds will be given if requested at least 5 days before camp begins. If you cancel less than 5 days before camp begins, refunds will be given only for medical reasons or a family emergency. All refunds are subject to a \$20 administrative fee.

HEALTH RECORD

Chronic/Recurring Illness (list) _____

Physical Limitations (list) _____

Recent Injury/Illness (list) _____

Allergies (list any) _____

Current prescription drugs or medications _____

Name of family physician _____

Phone _____

Health Ins Co _____ Policy # _____

PAYMENT INFORMATION

Cost per camper: \$70

Full payment must accompany this registration.
Camp Geneva 3995 Lakeshore Dr N Holland MI 49424
Registrations using credit card may be faxed to 616-399-5180

_____ I have enclosed a check.
Please make checks payable to Camp Geneva.

_____ Please bill my credit card.
We accept Mastercard, Visa, and Discover.

Card # _____

Exp Date ____/____/____ Signature _____

Print name on card _____

Address if different from above _____

City _____ State _____ Zip _____

Phone _____

Parent's Authorization

In signing this document, I hereby certify that this information is correct and give my permission for the use of photographs including my son or daughter to be used in camp publicity; for my son or daughter to be transported in GENEVA owned vehicles for emergency treatment; and for the release of medical records in case of illness. The person herein described has permission to engage in all prescribed camp activities, except as noted here by me. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Geneva staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. If my child is injured in an accident while on GENEVA's property or during a GENEVA activity, I understand that medical claims must first be submitted to our primary health insurance carrier, and that only if GENEVA is found to be negligent does the GENEVA policy cover amounts in excess of any other applicable insurance and deductibles. I understand it is the policy of Camp Geneva not to release a camper to anyone other than the person designated at the beginning of camp.

May the Nurse administer over-the-counter medications if needed?

◇ YES

◇ NO

Signature (required) _____

Date _____

For Office Use Only

Cabin # _____ Church # _____

Date Rec'd _____ Camp Fee _____

Ck # _____ Amt _____

Date _____ From _____