

# Church of God 7<sup>th</sup> Day Family Camp August 4-8, 2021

Crystal Springs Baptist Camp 4848 36<sup>th</sup> St SE Medina, ND 58467

Mail all registrations to: Jesse Hopewell  
5133 167<sup>th</sup> Ave SE  
Kindred, ND 58051

Registration fee (Includes meals):

Individuals-\$50, families of 3 or more-\$150. \_\_\_\_\_

(Single people must share a room due to limited number of rooms) (Couples staying together must be married.)

Amount Paid \_\_\_\_\_ **THIS IS NON-REFUNDABLE**

- Every family attending and participating at camp must complete a registration form and by signing this registration form agree to abide by camp rules.

Day and time of your arrival? \_\_\_\_\_ Departure? \_\_\_\_\_

\_\_\_\_\_

**Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church name/Location: \_\_\_\_\_

E-mail: \_\_\_\_\_

Names of spouse and children that will be attending: Ages of children would be appreciated.

_____	_____
_____	_____
_____	_____
_____	_____

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business or Cell: \_\_\_\_\_

**For persons under 18 years of age if not accompanied by a parent:**

Emergency contact Number: \_\_\_\_\_

Phone #: \_\_\_\_\_

Physician or Clinic: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

If there are health issues that we need to be aware of, please list:

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT/LIABILITY RELEASE FORM**

The above listed camper/campers has/have permission to engage in all activities, except as noted above by me. Every activity sponsored by the Church of God (7<sup>th</sup> Day) Retreat planning committee/Crystal Springs Baptist Camp is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unseen events can occur.

By signing this form, the parent/guardian (or of age 18 or older camper or adult advisor) agrees to assume and accept all risks and hazards inherent in camp-related activities. They also agree to not hold the Church of God (7<sup>th</sup> Day)/Crystal Springs Baptist Camp or its employees or volunteer assistants or youth counselors liable for damages, losses, and injuries to person or property. IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injections, anesthesia, or surgery for my child.

**Please enclose payment in full to ensure that you will be selected according to the date your registration form is received. Limited rooms are available. Please read carefully before signing. Thank you.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_