

Signature

Summer Camp Registration 2021

Name:									
Gender:	Male	Female	Date of Bi	rth:	/	/	Grade:	_	
Address:									
Parent/ Guardian:					Phone Number:				
Emergency Contact:					Phone Number:				
Home Ch	urch (if A	ny):							
I would lil	ke to atte	end camp th	ne following	weeks:					
Mini W	Veek: July	/ 7th - 10th		N	1ega W	eek: July	y 12th - 17th		
All Girls Week: July 19th- July 24th					All Girls Week w/ Horse: July 19th- July 24th				
Pionee	er Boys: J	uly 19th- Ju	ıly 24th	T	een We	ek: July	26th- July 31st		
	_	ust 2nd - A	_						
This is	my first s	summer at	camp	1	was inv	rited by	a friend		
This is my first time at camp					I plan to be a day camper only				
I have been to summer camp before					I have siblings attending camp too				
Please	mail me	the medica	al forms						
risks. I hold h child's partici the above-na	armless & in pation as a c med minor c	demnify Manda amper. The Ma luring their stay	iville Camp & Reti ndaville staff is pe	reat Cente ermit-ted t tanding th	r and BCN to act in m at the can	Int'l from y behalf in p will noti	civities can be dangerous and accept all liability for injuries sustained from authorizing unexpected medical ca fy me when such care is needed in promotion.	om my are for	
						_			

Date