

## 2010 Beaver Creek Youth Camp Registration Form

Send to: Beaver Creek Youth Camp, Attn: Jennifer Talbott, P.O. Box 186, South Fork, CO 81154; 719-873-5311;  
[manager@beavercreekcamp.org](mailto:manager@beavercreekcamp.org)

Camp Event:      Little Critters Camp                      1<sup>st</sup> & 2<sup>nd</sup> Grade Camp  
 (NOTE: You will want to register your child for the camp corresponding to the grade just completed.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ First Name used at camp: \_\_\_\_\_

**For Little Critters** – Name of parent/guardian accompanying camper: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Camper Email: \_\_\_\_\_ T-shirt size: \_\_YS \_\_YM \_\_YL \_\_S \_\_M \_\_L \_\_XL \_\_XXL

Birthdate: \_\_\_\_\_ Age (as of 6/01/10): \_\_\_\_\_ '09-'10 Grade: \_\_\_\_\_ Gender: F M

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Mother's Home Ph: (\_\_\_\_\_) \_\_\_\_\_ Father's Home Ph: (\_\_\_\_\_) \_\_\_\_\_

Mother's Work Ph: (\_\_\_\_\_) \_\_\_\_\_ Father's Work Ph: (\_\_\_\_\_) \_\_\_\_\_

Mother's Cell Ph: (\_\_\_\_\_) \_\_\_\_\_ Father's Cell Ph: (\_\_\_\_\_) \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Guardian(s): \_\_\_\_\_ Home Ph: (\_\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_\_) \_\_\_\_\_

Guardian's Cell Ph: (\_\_\_\_\_) \_\_\_\_\_ Guardian's Email: \_\_\_\_\_

Church: \_\_\_\_\_ Church City: \_\_\_\_\_

**Emergency Contacts (if parent(s)/guardian(s) cannot be reached):**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: (\_\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_\_) \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: (\_\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_\_) \_\_\_\_\_

FINANCIAL	Fees	Amount(s)	Do not write - Beaver Creek use only		
Camp Fees:			Date	Check # or Cash	Amount
Little Critters Camper	\$35.00	\$			
Little Critters Accompanying Adult	\$35.00	\$			
1 <sup>st</sup> & 2 <sup>nd</sup> Grade Camper	\$75.00	\$			
<b>NOTE:</b> Fee includes t-shirt AND snacks					
Optional Donation to Camping Program	\$25/\$50/\$100	\$			
TOTAL FEES		\$			
Less non-refundable deposit of \$25.00 <b>no later than July 15<sup>th</sup></b>		\$			
Balance due <b>no later than July 23<sup>rd</sup></b>		\$			

I give my consent for photographs to be taken of \_\_\_\_\_ during events sponsored in whole or in part by Beaver Creek Christian Camp & Retreat Center to be reproduced and/or used in printed materials and websites which are the property of Beaver Creek Christian Camp & Retreat Center, or other partner agents of the UMC/Rocky Mountain Conference. I am aware that these photos will not be sold or used for profit other than for their presence in promotional materials, and I am aware that I will receive no compensation for the use of these photos.

Yes  No

Person(s) authorized to take camper from camp: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Persons **NOT** authorized to take camper from camp: \_\_\_\_\_

\_\_\_\_\_  
Signature (parent/guardian or adult participant): \_\_\_\_\_ Date: \_\_\_\_\_

**FORM CHECK LIST**

Send the following to the Camp Registrar:

- |                          |                           |                          |                               |                          |   |
|--------------------------|---------------------------|--------------------------|-------------------------------|--------------------------|---|
| <input type="checkbox"/> | Registration Form         | <input type="checkbox"/> | Deposit or Full Payment       | <input type="checkbox"/> | Medical Form                            |
| <input type="checkbox"/> | Copy of Immunization Form | <input type="checkbox"/> | Copy of Health Insurance Card | <input type="checkbox"/> | Authorization of Emergency Medical Care |
| <input type="checkbox"/> | Parental Consent Form     | <input type="checkbox"/> | Camper Profile                |                          |   |

Make sure to read Beaver Creek's Parent's Handbook. Please check the following to indicate that you have read and understood the Handbook:

\_\_\_\_\_ I have read and understand Beaver Creek Youth Camp's Parents' Handbook.

**REMINDER:** All forms are due along with final/full payment 30 days prior to the camp.

**Mail Registration to:** Beaver Creek Christian Camp & Retreat Center, Attn: Camp Registrar, P.O. Box 186, South Fork, CO 81154.

If you have questions or need more information, please visit our website at: [www.beavercreekcamp.org](http://www.beavercreekcamp.org), email the Registrar at: [manager@beavercreekcamp.org](mailto:manager@beavercreekcamp.org), or call us at: (719) 873-5311.