

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

Camp Event: 3rd & 4th Grade Camp 5th & 6th Grade Camp Jr. High Camp Sr. High 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: _____

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	Amounts	<i>Do not write - Beaver Creek use only</i>		
Camp Fees:			Date	Check # or Cash	Amount
For deposit received by 3/31/10	\$285.00				
For deposit received after 4/1/10 and before 4/30/10	\$300.00	\$			
For deposit received after 5/1/10	\$315.00				
NOTE: Fee includes t-shirt AND canteen					
Mountain biking for Jr. High & Sr. High Camps	\$25.00	\$			
Optional Donation to Camping Program	\$25/\$50/\$100	\$			
TOTAL FEES		\$			
Less non-refundable deposit of \$50.00		\$			
Balance due 30 days prior to camping event:		\$			

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, email the Registrar at: manager@beavercreekcamp.org, or call us at: (719) 873-5311.