

# Cumberland Springs Bible Camp 2009/2010 Retreat Registration Form

Office Use Only	
Date Received:	_____
Dep Amt _____	Ck# _____
Reg For _____	
Bal Due _____	

The Retreat Registration Form, Health Information Form, and the Permission Form must be filled out completely for attendance at CSBC retreats.

**Please register early!**

Contact information:  
**Cumberland Springs Bible Camp**  
**P. O. Box 455**  
**Dayton, TN 37321**  
**(423) 775-3148**

**e-mail: [camp@cumberlandsprings.org](mailto:camp@cumberlandsprings.org)**

### Camper Info

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_ Boy \_\_\_ Girl Date of Birth \_\_\_\_\_

### Registration Information

#### 2009 Fall Retreats

\_\_\_ Fun Day ----- Oct 3                    \$5  
 Ages 5 - 9 (10:00 am – 2:00 pm Saturday)

\_\_\_ Teen Retreat ----- Nov 13 - 14       \$20  
 Ages 13 - 18 (7:00 pm Friday – 4:00 pm Saturday)  
 (Maximum fee for families is \$30)

#### 2010 Spring Retreats

\_\_\_ Junior/Tween Retreat ----- Apr 16 - 17       \$20  
 Ages 8 - 13 (7:00 pm Friday – 4:00 pm Saturday)  
 (Maximum fee for families is \$30)

\_\_\_ Leadership Retreat\* ----- Apr 30 – May 1 TBA  
 Ages 14 - Up (7:00 pm Friday – 4:00 pm Saturday)

\*\* Supper is not served for retreats beginning on Friday night.

**Please register early!!**

**Please e-mail or call us to let us  
 know you are coming.  
 Then, just bring your  
 forms when you come.**

### Parent/Emergency Info

#### Custodial parent(s)/guardian(s):

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Camper lives with \_\_\_ Both parents \_\_\_ Mother only  
 \_\_\_ Father only \_\_\_ Other

#### Person to notify in case of emergency if parents/ guardians cannot be reached:

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

We need completed registration / health / permission forms for each calendar year. However, if the camper attends multiple activities during the year, we can carry the information over. Call us to verify the information.

**Cumberland Springs Bible Camp  
Health Information & History and Permission Form**

This form is to be filled out by a parent or guardian of the camper.

Camper's Name \_\_\_\_\_ Camper's Social Security number \_\_\_\_\_

Is the camper covered by family medical/hospital insurance? \_\_\_ Yes \_\_\_ No

If so indicate carrier or plan name \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Social Security number of policy holder or insurance ID number \_\_\_\_\_

**Please include a photocopy of insurance card—front and back. (Copies can be made at registration.)**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Are immunizations up to date? \_\_\_ Yes \_\_\_ No If not, please explain. \_\_\_\_\_

Allergies:  
Type of allergy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications being taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the reaction and the management of the reaction.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the dosage and frequency of administration  
\_\_\_\_\_  
\_\_\_\_\_

Chronic or recurring illness or medical condition  
\_\_\_\_\_  
\_\_\_\_\_

Recent exposure to contagious disease? \_\_\_ Yes \_\_\_ No  
If yes, please describe. \_\_\_\_\_

Any restriction to activity  
\_\_\_\_\_

**Please describe any other health or medical concern or any other restriction to activity. (Use the back of this page if necessary.)**

**Parental Permission**

Camp activities include strenuous outdoor activities and out of camp travel in camp vehicles. As with most activities in life, there is an inherent risk in participating in these activities. By signing below you are indicating that you understand the risk involved in camp activities and you are giving permission for your child/ward to participate in all activities. All activities are well-supervised, with an emphasis on safety.

**Important –this statement must be signed for attendance.**

*I give full permission for my child to participate in camp activities and for out of camp program travel (any exceptions are noted on the Health Information and History form). It is the intention of the undersigned by this instrument to exempt and release TMM Ministries, Inc. and Cumberland Springs Bible Camp from all liability or responsibility whatsoever for personal injury, property damage, or death of my child. In addition, if the camper needs emergency medical or surgical treatment, I hereby authorize Camp officials to stand in my stead to authorize needed care, with the understanding that reasonable effort will have been made to contact me prior to such authorization. I also understand that pictures will be taken during my child's time at camp, and I give permission for pictures containing my child's likeness (and/or my likeness) for the promotion of CSBC camp ministry. This completed form may be photocopied for trips out of camp.*

*I understand that my insurance will be filed as the primary carrier. In the event that no insurance is provided by the family, Cumberland Springs Bible Camp's Medical Supplement will be filed within the prescribed limits.*

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**We must have a completed and  
signed permission form for each camper.**