

Start the adventure today
COBEAC.ORG

SUMMER CAMP 2021

Personal Information

First and Last Name	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address	
City, State, Zip	
Grade Entering in the Fall:	<input type="checkbox"/> Teen Camper <input type="checkbox"/> Junior Camper
Phone Number	
Email	
Church Name	
Church City, State	

Camp Options select your week of camp

- | | |
|--|---|
| <input type="checkbox"/> Wk 1: June 14-18 | <input type="checkbox"/> Wk 4: July 12-16 |
| <input type="checkbox"/> Wk 2: June 21-25 | <input type="checkbox"/> Wk 5: July 19-23 |
| <input type="checkbox"/> Wk 3: July 5-9 | <input type="checkbox"/> Wk 6: July 26-30 |
| <input type="checkbox"/> Leadership Camp July 5-16 (\$385) | |

Camp Cost

Registration \$279	= \$
March Early Bird (-\$10)	= \$
Deposit (\$50)	= \$
Total Due	= \$

Form of Payment

- Check #
 Cash
 CC
 Paying through Church

Name on Card		
Card #	Exp /	CVV

Payment can be made with cash, check or credit card (here, online at www.cobeac.org, or by calling the camp office 989-366-5162)

Medical Information

Emergency Contact/ Relationship To Camper
Emergency Phone
Allergies and Dietary Restrictions
Insurance Information
Pertinent Medical History
Health and Behavioral Limitations
List any medications, dosage, and times taken

Consent Form *signature required to attend camp

I will not hold or attempt to hold Independent Fundamental Baptist Fellowship and Camp CoBeAc liable for any loss, damage, or injury to person or property caused by an act or neglect of other persons, caused in any manner other than the willful or negligent act of Independent Fundamental Baptist Fellowship and Camp CoBeAc, its agents and employees, and will indemnify and hold the Independent Fundamental Baptist Fellowship and Camp CoBeAc harmless from any liability for damages or claims against the Independent Fundamental Baptist Fellowship and Camp CoBeAc arising out of or in any way related to any such loss, damage, or injury. I release the Independent Fundamental Baptist Fellowship and Camp CoBeAc, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns. I/We hereby give permission to the medical personnel selected by the Independent Fundamental Baptist Fellowship and Camp CoBeAc to secure administer treatment and to maintain and/or release any medical records necessary for insurance purposes. The Independent Fundamental Baptist Fellowship and Camp CoBeAc does not provide secondary insurance. I understand that I will be expected to pay any medical expenses through my medical insurance company and guarantee payment for services not paid by insurance. I understand that I must sign this form in order for my camper to attend Camp CoBeAc.

Parent/Guardian signature _____

Date _____