Family Camp Registration Form

Mail Registration to: Camp CoBeAc 4925 S. Reserve Rd. Prudenville, MI 48651

Personal Information

Guardian First and Last Name		
Guardian 2 First and Last Name		
Address		
City	State	Zip
Primary Phone		
Email		

Family Members Attending

Name	Age	Grade	Camp Fee

Allergies

Food Allergies
Drug Allergies
Environmental Allergies

Cost

Ages	Cost
Adults	$250
13-17	$225
8-12	$205
3-7	$125
0-2	FREE

March 7th Early Bird Discount (-$10)	$=
Arriving Saturday Night ($50)	$=
Deposit ($200)	$=
Camp Fees	$=
	$=
Total Cost	$=

Form of Payment

Check #	Cash	
Card #	Exp /	CVV
Name on card		

Consent Form

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 me and my family campers to attend Camp CoBeAc.

Parent/Guardian signature _____

Date _____