



2023 SUMMER REGISTRATION FORM

If you would like to register online instead, visit cobeac.org or use the QR code.



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 (7th-12th) <input type="checkbox"/> Junior Camper (3rd-6th)
Phone Number
Email
Church Name
Church City & State

Camp Options: Select your week of camp.

<input type="checkbox"/> Wk 1: June 19-23	<input type="checkbox"/> Wk 4: July 17-21
<input type="checkbox"/> Wk 2: June 26-June 30	<input type="checkbox"/> Wk 5: July 24-28
<input type="checkbox"/> Wk 3: July 10-14	<input type="checkbox"/> Wk 6: July 31-August 4

Camp Cost

Registration (\$279)	= \$
Paper Registration Processing Fee (\$10) Register online to avoid this fee.	= \$
Deposit (\$50)	= \$
Total Due	= \$

Form of Payment

Check # Cash CC Paying through church

Name on Card	Zip Code
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 at 989.366.5162.

Medical Information *Registering online allows you to give more detailed medical information to enable more individualized care of your camper.

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 *A signature by a parent/guardian is 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: _____