

2024 SNOW CAMP



Personal Information

First and Last Name
<input type="checkbox"/> I am a camper. <input type="checkbox"/> I am a sponsor.
Address
City, State, Zip
Current Grade
Phone Number
Email
Church Name
Church City, State

Camp Options

<input type="checkbox"/> Teen Jan. 18-20 Aaron Wilson	<input type="checkbox"/> Teen Feb. 1-3 Hal Hightower
<input type="checkbox"/> Teen Jan. 25-27 Jim Schettler	<input type="checkbox"/> Teen Feb. 8-10 Matt Teis
<input type="checkbox"/> Junior Feb. 23-24	

Camp Cost

Junior Camper: \$65	\$=
Teen Camper: \$95	\$=
Sponsor: \$95	\$=
Processing Fee: \$10	\$=
Deposit: \$20	\$=
Balance Due	\$=

Form of Payment

<input type="checkbox"/> Check #	<input type="checkbox"/> Cash	<input type="checkbox"/> CC	<input type="checkbox"/> Paying through Church
Name on Card			
Card #	Exp /	CVV	

Medical Information

Emergency Contact/ Relationship To Camper
Emergency Phone
Allergies and Dietary Restrictions
Insurance Information
Pertinent Medical History
Health and Behavioral Limitations
List any activities the camper should not participate in

Consent Form *A signature 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 _____