2018 Horse Camp Registration Form

A ministry of C&C Bible Fellowship, INC.

4383 S. 150 E.   Phone: (260)-589-9022
Berne, IN 46711   ccbiblefellowship.net

Make check payable to: **C&C Bible Fellowship**

Please indicate Childs t-shirt size: _____
Return registration and check to: *Campers will receive shirt as part of cost*
C&C Bible Fellowship   **Camp cost is $85.00**
4383 S 150 E
Berne, IN 46711

Last Name:_____

First Name:_____

Sex: Male: _____   Female: _____

Birth Date:_____   Age: _____

Grade Completed:_____

Mailing Address: _____

_____

Telephone (day):_____ Telephone (night):_____

E-mail address:_____

Home Church:_____

Parents Names:_____

Parent's Phone:_____

Address if different from above: _____

_____

If not available in an emergency, notify: _____

Alternate's emergency phone: _____

Name of person picking up minor camper: _____

Minor's pickup phone: _____

List any allergies, including food:

_____

_____

Please indicate any emotional or health problems, dietary restrictions, traumatic events in the camper's life, or other information we should be aware of:

_____

_____

_____

      In signing here, I certify that all information is correct and my child/ward is in good health and may participate in camping activities. I give consent for camp officials to act in any emergency in the best interest of the health and welfare of my child/ward. Should it become necessary for him/her to return home during the week due to illness, accident, homesickness or conduct, I will abide by the camp's decision in this matter and provide transportation.

      I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ward shares responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of camp participants.

      Further, I waive any claim that may arise against the camp and/or its employees as a result of participation in the program, except for those that are the result of gross negligence of the camp or its employees.

I also give permission for the person named to be photographed and/or videotaped for promotional purposes.

_____   _____
           Name   Date