

SUMMER CAMP ENROLLMENT FORM



ONE CAMPER PER FORM. PHOTOCOPY AS NEEDED

Sign-up Online: www.SugarCreekBibleCamp.org

Mail to: Sugar Creek Bible Camp 13141 Sugar Creek Bible Camp Rd Ferryville, WI 54628 or email: office@sgrcreek.org

First Name _____ Last Name _____
Grade (incoming Fall) _____ Birthdate ____/____/____ Home Congregation _____
Address _____ City _____ State ____ Zip Code _____

Parent/Guardian #1 _____ Email _____
Phone(Cell) _____ Work/Home _____

Parent/Guardian #2 _____ Email _____
Phone (Cell) _____ Work/Home _____

Billing Address (If Different): _____

Emergency Contact Information

Name (Last, First) _____ Relationship _____
Phone _____ Email _____

Program Preferences

1st Choice _____ Camp Week _____
2nd Choice _____ Camp Week _____

Cabinmate Request(s) _____
(Each camper may mutually request only 1 or 2 cabin-mates if mutual. High School off-site programs are the exception.)

Payment Information

A deposit of at least \$100 is required, or you may pay in full. Deposits and payments are refundable until May 31.

Tiered Pricing selection (unless program is fixed rate) Please circle: Tier 1 (\$795) Tier 2 (\$595) Tier 3 (\$495)

Payment Enclosed \$ _____ Method of Payment: Check Visa MasterCard Discover

Card # _____ Exp. Date ____/____ CV# _____ Billing Zip Code _____

Cardholder's Name (Printed) _____

Cardholder's Signature: _____

Media and Liability Release

The undersigned, and as legal guardians for any child(ren) listed above, give permission for all individuals listed here to participate in all programs and elective activities at Sugar Creek Bible Camp, including but not limited to horseback/pony riding, canoeing, swimming, challenge courses, games, bicycling, and archery, except as noted here: _____ and agree that Sugar Creek Bible Camp, its staff and volunteers, and the person(s) or organization(s) sponsoring this event will not be held responsible for accidents or personal injury arising therefrom. Further, I (as the legal parent/guardian of any child(ren) listed above) certify that I (if I am participating, and that any child(ren) listed above) have had a physical examination within the 12 month period prior to arrival at camp, verifying in writing by a medical professional that the health and physical condition of all participants listed here is appropriate for safely attending this event and fully participating in all activities, except those especially noted in this form/message. My signature below also indicates I give my permission for photos and video images of my camper to be used in promotional materials for Sugar Creek Bible Camp unless so noted. I understand Sugar Creek will not label photos or videos with my child's name or personal information. I authorize the leader(s) of the event and camp staff to secure any medical or emergency treatment deemed necessary. I furthermore understand and agree that as the legal guardian(s) of the child(ren) listed here, I am the primary carrier of accident/health insurance for the child(ren), whereas Sugar Creek Bible Camp insurance policy is strictly secondary coverage. I release from liability the camp and its staff and agree the camp and its staff will not be held responsible for accidents, injury, loss of life, or for transmission of or health issues arising from exposure to the coronavirus (COVID-19) or other communicable diseases or illnesses, or for lost or damaged personal property.

Signature of Custodial Parent/Guardian Date Relationship to Participant