

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

Last Name _____

Gender _____ Preferred Pronouns _____

Address _____

Home Congregation _____

Billing Address (if different) _____

Parent/Guardian #1 _____

Email _____

Phone (Cell) _____

Work/Home _____

First Name _____

Grade Fall '23 _____ Birthdate ____/____/____

City _____ State ____ Zip Code _____

Home Congregation & City _____

Parent/Guardian #2 _____

Email _____

Phone (Cell) _____

Work/Home _____

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 2 cabinmates. High School off-site programs are the exception to this policy.)

Payment Information

A deposit of at least \$100 is required when you register or you may pay in full. Deposits and payments are refundable until June 1, 2023.

Tiered Pricing selection (unless program is fixed rate) Please circle: Tier 1 (\$695) Tier 2 (\$495) Tier 3 (\$395)

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

Media Release: I give my permission for photographic and/or video images of my camper to be used in future Sugar Creek Bible Camp promotional materials or publications. I understand Sugar Creek will not use my child's name or personal information.

Yes No _____ Initials

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 (and any child(ren) listed above) have had a physical examination within the 12 month period prior to my/our arrival at camp, verifying that the health and physical condition of all participants listed here is ready for attending this event and fully participating in all activities, except those specially noted in this form/message. I authorize the leader(s) of the event and camp staff to secure any medical or emergency treatment deemed necessary. The legal guardians of the child(ren) listed are the primary carrier of accident/health insurance for the child(ren).

Sugar Creek Bible Camp Insurance Policy: I understand that the camp insurance policy is strictly secondary coverage.

Yes No _____ Initials

Liability Release: I further agree that the camp and its staff will not be held responsible for accidents, injury, loss of life, transmission of or health issues arising from exposure to the COVID-19 virus, or lost or damaged personal property.

Signature of Custodial Parent/Guardian

Date

Relationship to Participant



SUGAR CREEK
BIBLE CAMP