



# Family Camp Registration Form Revised 9.8.21

Please PRINT CLEARLY using a pen.  
Complete both sides & return to:

Camp Brethren Heights Inc., 9478 Brethren Heights Rd., Rodney, MI 49342.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Cell ( ) \_\_\_\_\_ Family Email: \_\_\_\_\_  
Congregation \_\_\_\_\_

**Name & Age of Family Members Attending:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relation to family:** \_\_\_\_\_  
**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

Please list any *specific needs* (i.e. behavior patterns, personal habits, food allergies, special food needs) of all attending family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL/GUARDIAN AUTHORIZATIONS:**

*In signing this registration, I certify that all information is correct and my family is in good health and may participate in camping activities at Camp Brethren Heights. While at camp, our family will conduct themselves in a Christian manner. As this is a family camp, I take FULL responsibility for the health and welfare of every person listed in the above section. This applies to all camp activities and programs that my family and those entrusted to my care participate in (i.e. swimming, boating, hiking, mealtime, sleeping etc..).*

*I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although Camp Brethren Heights 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 family shares responsibility for their safety and have been instructed 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 employees and volunteers as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.*

*I give permission for persons named to be photographed and/or videotaped for promotional purposes.* Yes \_\_\_ No \_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_