



Summer Camp Registration Form Revised 1.23.24

Please PRINT CLEARLY using a PEN.

Complete both sides & return with a minimum, non-refundable \$50 deposit or full payment to:
Camp Brethren Heights Inc., 9478 Brethren Heights Rd., Rodney, MI 49342.

Last Name: _____	First Name: _____	Gender: M / F
Name Camper prefers: _____	Birth Date: _____	Incoming Grade: _____ Age during camp: _____
Mailing Address: _____		
Parents'/Guardians' names: _____	Family email: _____	
Home phone: _____	Work phone: _____	Parent's cell: _____
Church Membership: _____	Pastor: _____	
Camp Program Requested: _____	Camp Dates Requested: _____	
Cabin mate requested (full name of ONE friend of similar age/grade attending same program): _____		
Who to call if parent/guardian is not available: _____	Relation to camper: _____	
Home phone: _____	Work phone: _____	Cell phone: _____

PARENT/GUARDIAN AUTHORIZATIONS:

In signing this application, 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 because of 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 employees and volunteers because of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

Signature of parent or legal guardian: _____ Date: _____

Printed name: _____

We now send out all camper's confirmation packets, welcome letters and additional forms electronically 2 weeks prior to their selected camp. Please use current email you want a packet sent to: _____

Does your child need a Camp Scholarship Application? Yes No If YES, please visit the camp website to download and fill out the Campership Application or fill out the Google Form (in the Register For Camp tab) and send it in with your registration.

Multiple Children Discount? Yes No If Yes, Sibling(s) names: _____

Bring a Friend Discount? Yes No If Yes, Friend's name: _____

CAMPER PHOTO & VIDEO PERMISSION

I permit camp photos, video and audio of activities or interviews that may include my child to be used in camp promotion without liability or remuneration.

I prefer my child NOT be permitted in camp photos, video and audio of activities or interviews.

DO NOT WRITE IN THIS BOX. CAMP BROTHERS HEIGHTS OFFICE USE ONLY:

Date Reg. Rec'd: _____ Deposit Amount: _____ Check#: _____ Online: _____

Church Support: _____ Balance: _____ Date Conf. Packet Sent: _____

CAMPER PROFILE

The following questions will help us ensure a quality camp experience for your camper. Talk with your child and get their thoughts as you complete these questions. Attach additional pages of helpful information.

How did you learn about Camp Brethren Heights, and how did you get this form? _____

I/We chose Camp Brethren Heights because: _____

Will this be your child's first time away from home for this length of time? Yes No

How many years has your child been a camper? _____ At Brethren Heights? _____

How would you describe your child? _____

What are some of your child's hobbies, talents and/or special interests? _____

How does your child relate (*living, playing, working*) to others in group situations? _____

How well does your child make friends? _____

Are most of your child's friends: Same age Younger Older

What special needs does your child have (*behavioral, medical, emotional, dietary, activity restrictions, etc.*)? _____

What is your child looking forward to the Most at Camp? _____

What is your child looking forward to the Least at Camp? _____

When it comes to waterfront activities, my child is: Swimmer Non-Swimmer

Has your child experienced any tragedies/deaths/ in recent years? Has this affected their behavior/attitude? _____

What are YOUR hopes for your child's camp experience? _____

CAMPER RELEASE PERMISSION

Please list drivers that your child is allowed to travel with (this includes any driver that he/she knows):

Please list drivers that your child may **NOT** be released to/allowed to travel with:

