




**First Time Camper – please list the name of the camper who invited you to join us this year:**

**CAMP BROSEND  
2019 Summer Registration Form**

NAME OF CAMPER \_\_\_\_\_ Grade Completed (May 2019) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth      /      /     

T-Shirt Size:     YS     YM     YL     YXL

Gender (as listed on birth certificate) \_\_\_\_\_

    AS     AM     AL     AXL     2XL

**MOTHER/GUARDIAN**

(Does camper live with this parent?     Y     N)

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**FATHER/GUARDIAN**

(Does camper live with this parent?     Y     N)

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**EMERGENCY CONTACT (must be an ADULT other than parents/guardians listed above)**

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Church Name/City \_\_\_\_\_ Has camper been baptized?     yes     no

**PLEASE READ THE FOLLOWING STATEMENTS COMPLETELY AND SIGN BELOW:**

I understand that there are risks involved with participation in camp activities that may include (but are not limited to) hazards associated with physical activity, exposure to wildlife, elements of weather, accidents/illness, and damage to personal property. I give my permission for the staff and volunteers of Camp Brosend to act within the scope of their medical training in performing basic first aid on my child in case of an accident or medical emergency. I understand that further medical treatment, including Emergency Medical Services care and treatment from a hospital or medical center, may be sought without notifying me first in any instance when timely treatment is necessary or when I am unable to be contacted. I understand that I am responsible for any and all costs associated with the medical treatment of my child. I understand that pictures/video may be taken of me and/or my child while participating in activities at Camp Brosend and that these pictures/video may be used in publications, promotions, websites, and slide shows.

**I KNOWINGLY AND VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR RISKS INVOLVED IN MY CHILD'S PARTICIPATION. I AGREE TO RELEASE, INDEMNIFY, AND HOLD HARMLESS CAMP BROSEND, ITS TRUSTEES, OFFICERS, EMPLOYEES, AND ATTORNEYS FROM ANY AND ALL CLAIMS, ACTIONS, AND/OR LOSSES FOR BODILY INJURY, PROPERTY DAMAGE, WRONGFUL DEATH, LOSS OF SERVICE, OR OTHERWISE WHICH MAY OCCOUR AS A RESULT OF PARTICIPATING IN THIS ACTIVITY.**

CHILD'S NAME \_\_\_\_\_ PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_

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



Name of Camper \_\_\_\_\_

Please check the program camper is attending and indicate payments due. Trading Post money is optional, however \$20-\$30 is recommended for snacks and souvenirs. Campers will have the opportunity to donate unspent Trading Post money to Mission Camp.

✓	Program	Program Fee	Trading Post	Total	Church Contribution*	Parent Payment
	Middle School Camp -- June 6-9 <i>Completing grades 6-8 (May 2019)</i>	\$225 \$215 for 2 <sup>nd</sup> /3 <sup>rd</sup> /4 <sup>th</sup> child in family				
	Junior Camp -- June 20-23 <i>Completing grades 3-5 (May 2019)</i>	\$225 \$215 for 2 <sup>nd</sup> /3 <sup>rd</sup> /4 <sup>th</sup> child in family				
	High School Mission Camp -- July 7-11 <i>Completing grades 9-12 (May 2019)</i>	\$250 \$240 for 2 <sup>nd</sup> /3 <sup>rd</sup> /4 <sup>th</sup> child in family				
<b>Total Amount Due:</b>						

Please send completed registration with full payment to:  
Camp Brosend, PO Box 1388, Newburgh, IN 47629

Full payment of Program Fees is due with registration. Please contact the camp office if you need to discuss payment options or scholarship funds. PLEASE NOTE: If your church has agreed to pay a portion of the Program Fees, please have the information below completed by the Church and deduct the Church Contribution from your payment.

**\*CHURCH CONTRIBUTION AGREEMENT (To be completed by Church staff/representative)**

\_\_\_\_\_ agrees to pay \$\_\_\_\_\_ towards the camp fees for the camper named above.  
Name of Church Amount

Name of Church Staff/Representative \_\_\_\_\_ Position \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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The following information is optional:

**PICK-UP AUTHORIZATION**

In addition to the Parents/Guardians and Emergency Contacted listed, the following ADULTS have permission to pick-up camper in any circumstance where Parents/Guardians are unavailable. (Picture ID will be required at pick-up.)

NAME \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
 NAME \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**CABIN MATE REQUEST** (Cabin Mate must be in the same grade as Camper or ONE year different. Reasonable effort will be made to accommodate request, but no guarantees are offered. Both cabin mates must list each other on each Registration Form.)

Name of Cabin Mate Requested \_\_\_\_\_ Grade Completed \_\_\_\_\_