




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

**CAMP BROSEND  
2024 Summer Registration Form**

NAME OF CAMPER \_\_\_\_\_ Grade Completed (May 2024) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth First \_\_\_ / Middle \_\_\_ / Last \_\_\_

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 the balance due. An invoice will be sent along with the additional registration paperwork including medical forms. Trading Post money can be added to remaining balance when invoice is paid.

✓	Program	Registration Fee	Remaining Balance due by 5/15
	Junior Camp -- June 21-23 <i>Completing grades 2-4 (May 2024)</i> ***** Program Fee: \$200* \$190 for 2 <sup>nd</sup> /3 <sup>rd</sup> /4 <sup>th</sup> child in family	\$100 NON-REFUNDABLE DEPOSIT DUE WITH REGISTRATION (Remaining balance due by 5/15)	
	Middle School Camp -- June 20-23 <i>Completing grades 5-7 (May 2024)</i> ***** Program Fee: \$225* \$215 for 2 <sup>nd</sup> /3 <sup>rd</sup> /4 <sup>th</sup> child in family	\$100 NON-REFUNDABLE DEPOSIT DUE WITH REGISTRATION (Remaining balance due by 5/15)	
	High School Mission Camp – July 7-11 <i>Completing grades 8-12 (May 2024)</i> ***** Program Fee: \$275* \$265 for 2 <sup>nd</sup> /3 <sup>rd</sup> /4 <sup>th</sup> child in family	\$100 NON-REFUNDABLE DEPOSIT DUE WITH REGISTRATION (Remaining balance due by 5/15)	

\*Limited Financial Assistance is available: [campbrosend.org/financial-assistance-form](http://campbrosend.org/financial-assistance-form)

**Please send completed registration with \$100 deposit to: Camp Brosend, PO Box 1388, Newburgh, IN 47629**

Please contact the camp office if you need to discuss payment options or financial assistance. 812-853-3466.

**PLEASE NOTE:** If your church has agreed to pay a portion of the Program Fees, please have the information below completed by an authorized Church representative.

**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 \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_