

Office Use Only


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



# 2026 Summer Registration Form

CAMPER INFORMATION T-Shirt Size:  YS  YM  YL  YXL  AS  AM  AL  AXL  2XL

\_\_\_\_\_  
 First Name Middle Name Last Name Grade Finished in May Age  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date of Birth Gender (as listed on birth certificate) Church Name  Yes or  No  
 Have they been baptised?

## MOTHER/GUARDIAN

## FATHER/GUARDIAN

\_\_\_\_\_  
 First Name Last Name  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City, State Zip Code  
 (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Cell/Home Phone Work Phone

\_\_\_\_\_  
 First Name Last Name  
 \_\_\_\_\_  
 Street Address (if different from previous)  
 \_\_\_\_\_  
 City, State Zip Code  
 (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Cell/Home Phone Work Phone

\_\_\_\_\_  
 E-mail  
 (Does the camper live with this parent?  Yes or  No)

\_\_\_\_\_  
 E-mail  
 (Does the camper live with this parent?  Yes or  No)

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

\_\_\_\_\_  
 First Name Last Name  
 (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
 Cell/Home Phone Work Phone

\_\_\_\_\_  
 Relationship to the camper

**COMPLETE REGISTRATION ON BACK** →

**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 OCCUR AS A RESULT OF PARTICIPATING IN THIS ACTIVITY.**

\_\_\_\_\_  
 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 the remaining balance when an invoice is paid.

<input type="checkbox"/> Senior High Camp (June 8 <sup>th</sup> -12 <sup>th</sup> ) \$200	50% Deposite sent with this registration	Remaining Balance \$100
Senior High Camp is for High School campers in 9 <sup>th</sup> -12 <sup>th</sup> grades (just ended 8 <sup>th</sup> grade in May or just graduated)	\$100	
<input type="checkbox"/> Youth Camp (July 6 <sup>th</sup> -10 <sup>th</sup> ) \$200	\$100	\$100
Junior High Camp is for Middle School campers in 6 <sup>th</sup> -8 <sup>th</sup> grades (just ended 5 <sup>th</sup> grade in May or just ended 8 <sup>th</sup> grade)		
<input type="checkbox"/> Junior Camp (June 22 <sup>nd</sup> -26 <sup>th</sup> ) \$200	\$100	\$100
Junior Camp if for Primary School campers in 3 <sup>rd</sup> -5 <sup>th</sup> grades (just ended 3 <sup>rd</sup> grade in May or just ended 5 <sup>th</sup> grade)		
<input type="checkbox"/> First Adventure Camp (June 4 <sup>th</sup> &5 <sup>th</sup> ) \$100	\$50	\$50
FAC camp is for campers in the 1 <sup>st</sup> or 2 <sup>nd</sup> grades to get an experience of an overnight camp		

Please send completed registration with 50% deposit to: Camp Brosend 7599 Camp Brosend Rd., Newburgh, IN 47630

If you need more information or want to discuss other payment options or \*financial assistance, contact Chris (812)604-1275.

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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 requests, but no guarantees are offered. Both cabin mates must list each other on each Registration Form.

\_\_\_\_\_  
Name of freind

\_\_\_\_\_  
Grade completed

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.

\*Limited Financial Assistance is available: campbrosend.org/financial-assistance-form

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

\_\_\_\_\_  
Name of Church

\$ \_\_\_\_\_  
Amount Sponsored by Church

Our church is in agreement to pay the above amount towards the camp fees for the camper named above.

\_\_\_\_\_  
Printed Name of Church Representative

\_\_\_\_\_  
Position or Office of Representative.

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

\_\_\_\_\_  
Signature of Church Representative

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date