



Winter Fest Registration Form 2012

For Campers coming WITH A GROUP

Mail or fax registration & health form to: 1724 W Main Street • Lake Geneva, WI 53147
Phone: (262) 248-3600 • Fax: (262) 248-6814 • www.covenantharbor.org

Participant Information - only one camper per form. Please print clearly in ink.

Name: Last: _____ First: _____ Middle Initial: _____ Gender: _____ M / F
Date of Birth: _____ - _____ - _____ Grade (2011-12 school year): _____ School: _____

Parent/Guardian Information - used for all correspondence, billing and emergency contact

1st: Last, First, M.I. _____ E-mail: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
2nd: Last, First, M.I. _____ E-mail: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Program and group info Prices include 2 nights lodging, four meals, and all onsite activities.

Weekend Dates: February 24-26, 2012 Fee \$ **139**

Church/Group Name (REQUIRED): _____

Health Information Attach additional information if necessary

Allergies (meds, food, other) _____ Medications Taken _____
Restrictions (activity, dietary) _____
Insurance Carrier or Plan Name _____ Group # _____
Carrier Address _____
Name of Insured _____ Relationship to Camper _____

Check enclosed payable to the Church you're attending with ~~OR~~ Visa Master Card Discover
Credit card payments must be for Full Balance Due
Card # _____ Expiration _____ / _____ / _____ Security Code _____
Name on Card: _____ Payment Enclosed \$ _____
(includes \$30 non-refundable deposit)
Authorized Signature: X _____

Cancellation policy: When coming to Winter Fest with a group, cancellations should be communicated to your group leader. Generally, cancellations made more than 4 weeks before the event will receive a full refund minus the non-refundable deposit of \$30 per person. Cancellations made less than 4 weeks before the event will receive no refund. Exceptions may be made: 1) For medical reasons, when doctor's verification is presented; 2) When a non-attending camper can be replaced with another camper. Exceptions are not guaranteed.

Consent and Release I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Harbor recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Harbor has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Harbor nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for the medical, ment that is given to the Participant. I agree to allow Covenant Harbor to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Signature of Parent or Guardian: _____ Date: _____