

2022 Snow Camp Group Registration

For ages 12 and up - \$97 per person.

Weekend Attending: _____

Name of Church: _____

Church Address: _____

City: _____ Zip Code: _____

Church Phone Number: (_____) _____

Church Email Address: _____

Contact Person: _____

Phone: (_____) _____

Email: _____

Total number of people attending _____

Number of boys attending _____

Number of girls attending _____

Number of male leaders attending _____

Number of female leaders attending _____

(For every 10 campers, 1 adult leader attends for free)

Number of free adult leaders: _____

Total Cost is \$ 97 per person. The \$25 registration per Person is part of the total cost.

I am paying the following Non-refundable registration

Fee of \$25 for _____ (total number of paid people) that Equals \$ _____ (total registration fee dollar amount).

For example: 10 people at \$25 =\$250 total registration fee.

The Balance of \$72 per person is due upon arrival or can be paid before you come.

(We accept VISA, Master Card, and Discover)

Along with the fees, we will need to have an Individual Registration Form filled out for every person attending both students and adults. (This form is required by NYS DOH)

2022 Snow Camp Circle C Ranch

Individual Registration Form

Weekend Attending: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Parents Phone # :(_____) _____

Grade in School: _____ Age: _____

Date of Birth: _____ M ___ F___

Parents Email: _____

Church you're came with: _____

Allergies: _____

Parent authorization for those under 18 years of age:

In the event I cannot be reached in an emergency,

I hereby give permission to the physician selected by the camp to hospitalize, secure treatment, and order injection, anesthesia or surgery for my child as named above. Our local hospitals, for immediate and efficient care in case of emergency, have requested that the parent's signature be NOTARIZED.

Parent or Guardian Signature: _____

Date _____

Sworn to me this _____ day of _____, 2022

Notary's Signature _____ Notary Seal

Family Physician _____

Phone # () _____

Insurance _____

Policy Number _____

Employee ID# _____

Provider/Carrier _____

Please note: In the event of sickness or illness while at Camp, the parent /guardian is responsible for all medical expenses incurred under the authorization of the Camp Nurse/or Director. These claims may be submitted to your insurance provider when eligible for reimbursement.

In the event of an injury or accident while at camp, claims should be submitted to your insurance provider. Our camper insurance Coverage (accidents or injury only) will reimburse you for medical claims that exceed the amount of your personal insurance plan provisions