

2009 SUMMER YOUTH CAMP REGISTRATION

Camper Information

Name _____ MALE FEMALE

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Birthdate _____

Grade Entering in Fall 2009 _____

Choice of **ONE** Cabin Mate _____
(We work to accommodate all cabin mate requests, however it is not guaranteed—cabin mates must request each other)

Parent/Guardian Information

Name _____ Relationship _____

E-Mail Address _____
(You will receive your registration confirmation & other documents via E-Mail if provided.)

Work Phone _____ Emergency Phone _____

Home Congregation _____ City _____

Camp Program Choice

1st program choice _____ Dates _____

2nd program choice _____ Dates _____

Program Worksheet

★ Price of First Choice Program \$ _____

★ Early Bird Registration (Subtract \$25) - \$ _____
(Must be postmarked and Paid in Full by April 1, 2009.
Does not apply toward Family Camp or Special Friends.)

★ Family Discount (Subtract \$25) - \$ _____
(\$25 for 2nd Child, \$25 for 3rd child, etc.
Does not apply toward Family Camp or Special Friends.)

★ Purchase 8x10 Weekly Camp Photo (add \$10) + \$ _____

★ Donation Amount + \$ _____
We hope you'll add a donation to support Mt. Cross Ministries. (The tuition fee is \$365+/week. The actual cost is estimated to be \$650.) Thank you for your consideration.

★ Total Due to Mt. Cross = \$ _____

★ Amount included - \$ _____
(A \$75 non-refundable deposit is required to make a camper reservation)

★ Balance Due = \$ _____

Payment Methods

Check Payable to "Mt. Cross"

Visa MasterCard American Express

Name on Card _____

Card Number _____

Exp. Date _____ Amount \$ _____

Signature _____

Refund Policy

I understand that if I pay in full, my payment is refundable minus the \$75 non-refundable deposit. This applies when you cancel more than seven days in advance to the start date of the program you are registered for. If you cancel less than seven days before the start date, no refund will be given and balance will be due.

Privacy Policy

Mt. Cross will not release any information regarding your child/client to any third party under any circumstance with the exception being appropriate medical personal during a medical situation.

Publicity Release

I give permission for any images, likenesses, or quotes taken of my child/client to be used for Mt. Cross publicity purposes including but not limited to newsletters, brochures, website, and videos.

Transportation Release:

I give permission for Mt. Cross to provide or attain transportation for my child/client in order for them to participate in any program conducted off the grounds of Mt. Cross. (only certain programs go off-site)

Ropes Course Release

If my child is 11 years of age or older, he/she may have the opportunity to voluntarily participate in "High Ropes" activities. Mt. Cross's ropes course elements pass an inspection each year and are conducted by trained staff professionals. I give permission for my child/client to participate in these activities.

Liability Release

I have voluntarily requested that my child/client be placed in an activity based program at Mt. Cross. I am **not** giving up my right to justice in the case of negligence but rather am acknowledging that a camp environment can have dangers both seen and unforeseen that may be out of the control of Mt. Cross. In these situations, I will hold harmless of any liability Mt. Cross, its officers, agents, and employees.

Registration Details

After you register you will receive (by email when available): your registration confirmation and health form. Final payment and health form **MUST** be returned 2 WEEKS prior to scheduled camp week. A \$50 late fee will be charged for forms and payments not received at Mt. Cross at least 2 weeks prior to arrival.

By signing this form you are agreeing to all above statements.

Signature of Parent or Guardian

Date

Note: FOR CHURCH GROUP REGISTRATION & FAMILY CAMP REGISTRATION please go to www.mtcross.org for registration information.

Questions? Talk to registrar at mtcross@mtcross.org