

Camper Application

to be filled out completely by parent or guardian

name _____ male female

address _____

phone: _____ email _____

birthday _____ age at time of camp: _____ grade next fall: _____

father/guardian _____ phone _____

address if different: _____

employment: _____ work/cell _____

mother/guardian: _____ phone _____

address if different _____

employment _____ work/cell _____

person(s) not authorized to pick up my child: _____

In case of early or emergency dismissal for health or behavioral reasons, the following person is authorized by the parent/guardian to receive the camper if parent/guardian cannot:

name: _____ relationship _____

address: _____ phone _____

Conditions of Application:

1. To enroll, we must receive your application and camp fee in our office by June 19, 2009.
2. Enrollment will not be complete until we receive your camper's completed physical and health forms by the first day of camp.

Parent/Guardian Release (required for enrollment)

I have examined the program that Whispering Pines Bible Camp offers my son/daughter and I understand that an important part of the program is their participation in Bible Study and Worship attendance. I encourage such participation.

I authorize my son/daughter to participate in hiking, use of the tire swing, and service projects that may take place in the Durango area.

I accept responsibility to provide medical insurance for my child in the event of any accident or injury while at camp. I also understand that the tire swing can be hazardous and there are risks involved. I will not hold Whispering Pines Bible Camp liable if my child is injured while participating in the tire swing program. Each camper will participate in a tire swing class before swinging.

The undersigned further releases Whispering Pines Bible Camp from any and all actions, causes of action, liability, claims and demands upon or by reason of any damages, loss, injury or suffering which may occur. Whispering Pines Bible Camp will do its utmost to run a safe program.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child.

I also authorize photos and video to be taken of my child for use in camp promotional materials.

Parent/Guardian Signature _____

Camp Dates

4th & 5th grades
July 13th - 18th

6th - 8th grades
July 20th - 25th

9th - 12th grades
Jul 27th - Aug. 1st

Camp Picnic

How many from your family will be attending the Saturday picnic?

What will you bring to share at the picnic?

Salad Veggies
 Fruit Dessert
 Baked Beans
 Potato Salad
 Chips Coleslaw

Camp T-Shirt

A T-Shirt is included in the price of camp. Please circle the size needed.

Youth S Youth M
Youth L Adult S
Adult M Adult L
Adult XL Adult XXL