

# 2025 Beaver Camp Winter Camp Registration Form

Name \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F Age: \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Email: \_\_\_\_\_  Check to receive email updates

CabinMate Request/Youth Group Name: \_\_\_\_\_

(Priority given for first timer campers and mutual requests. Please limit your request to one person.)

Camper special needs/arrangements: \_\_\_\_\_

\_\_\_\_\_

(Please provide information about your child's physical, emotional, behavioral or mental health that Beaver Camp should be made aware of. Indicate any dietary or activity restrictions. Use additional pages as necessary.)

Emergency Contact Person: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

**Camp Selection:** Receive a \$15 discount if your registration is postmarked by January 25<sup>th</sup>!

\$115 Blizzard Beavers (8-10)  \$160 Polar Bears (11-13)  \$170 Teen Winter (14-18)

I am attending as a youth leader (\$75.00).

## **Group Information (if applicable):**

Church you are attending with: \_\_\_\_\_

Leader's Name: \_\_\_\_\_ Leader's Phone: \_\_\_\_\_

## **Permission to Treat and Release of Liability**

*The person herein described has permission to engage in all camp activities except as noted. The Beaver Camp staff is authorized to act in my behalf in authorizing unexpected medical care for the above named minor during their stay at Beaver Camp, understanding that they will notify me when such care is needed in a timely manner. I recognize that some activities can be dangerous and to minimize the risk of injury to myself and others I will accept and abide by the rules of Beaver Camp. I release Beaver Camp from any liability arising from my own neglect or carelessness and accept all responsibility for risks within my control. I hold harmless and indemnify Beaver Camp from all liability not covered by available liability insurance arising from my participation as a camper and resort to my personal medical, accident and property insurance as my exclusive remedy if available liability insurance is insufficient compensation for my injuries. For the purpose of this document, Beaver Camp shall include the AMCA, its officers and employees. In addition, consent is given that photos and videos which include the above named camper may be used for camp publicity and promotions.*

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Include a \$50 non-refundable deposit with your registration form. Please make checks out to Beaver Camp and mail to Beaver Camp, 8884 Buck Point Road, Lowville, NY 13367.**