



## **Registration and Medical Form**

Name \_\_\_\_\_ Sex: \_\_\_M\_\_\_F Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

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

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

Phone (H) \_\_\_\_\_ Phone (W) or (Cell) \_\_\_\_\_

Email (if applies): \_\_\_\_\_  Check to receive email updates.

CabinMate Request: Name: \_\_\_\_\_  
(Priority given for first timer campers and mutual requests. Please limit 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 (H) \_\_\_\_\_ Phone (W) or (Cell) \_\_\_\_\_

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

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

Leader's name: \_\_\_\_\_ and Phone Number: \_\_\_\_\_

### **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

### **Registration Rate (per camper):**

**Teen Winter Camp**, ages 14-18, Feb 8-10 \$120 (\$135 if postmarked after January 25)

**Polar Bears**, ages 11-13, Feb 15-17 \$110 (\$125 if postmarked after January 25)

**Blizzard Beavers**, ages 8-10, Feb 17-18 \$70 (\$85 if postmarked after January 25)

**Check here if you are attending as an adult leader.**

**Payment:**  Check  Credit Card **Amount to be charged:** \$ \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Include a \$50 non-refundable deposit. Mail to Beaver Camp, 8884 Buck Point Road, Lowville, NY 13367*