SUMMER CAMP 2024 APPLICATION

1. Camper Information Confirmations are sent via email. If you prefer mail, please check this box. []

If attending more than one week, a separate application form for each week must be submitted.

Remember: You can save \$10 by registering online at cs-yc.com

Camper's First Name		Middl	e Name	Last Name	
Binary Gender [] Female [] Male Age .	Birth	ndate (month/day/year)	/	
Parent/Guardian Name				tionship to Camper	
Parent/Guardian Email		Pers	on(s) Authorized to Pick Up	Camper	
Mailing Address			City	State	Zip
Religious Denomination			Home Church		
Primary Phone			Alt. Phone		
How Did You Hear About Cohu	ıtta Springs? [] I'm a fo	rmer camper [] Frier	nd [] Church [] Schoo	l [] Internet [] Relative []	Other
2. REG Camp Ple	ease check the REG Cam	p you plan to attend. N	lumbers after camp name re	present age group.	
[] Junior I (10-12) [] Junior II (10-12) [] Adventure (7-9)	June 10-12 June 16-23 June 23-28	[]Tween (12-13) []Teen (14-17)	June 30-July 7 July 7-14		
choice is unavailable. Archery/Rocketry Baking/Cooking Basketball (except Teen) BMX Biking Creative Arts (except Teen) Fishing Horsemanship	the RAD Camp you plan June 9-16 June 9-30 June 16-23	Mountain Biking Mountain Lore Paintball (Tween Performing Arts Photography Sports Super Science	& Teen only) and 3 rd choice in case it is filler June 23-30	e by 1 st , 2 nd , 3 rd , and 4 th choice. (2 nd -choice) — Swimming/Blob — Videography — Wake Park — Wakeboarding/Skiing — Wilderness Survival d. Age limits are 13-17 except when — Wakeboard II — Basketball (14-17) — Volleyball (14-17)	
Cabin mate request must be significant of the second of th	gned up for the <u>same</u> a secutive weeks? []Yes	[] No If yes, do	b you want <u>free</u> laundry serv	ice? []Yes [] No	in the two-payment plan.
Additional payment plans avail Adventure Camp: \$475 or REG Camp: \$525 or \$527 RAD Camp: \$590 or \$305 DiscipleTrek: \$900 or \$457 Paintball Attraction: \$25 Spending money for camp	lable when registering c \$245 deposit and \$245 ba deposit and \$270 balance deposit and \$300 balance deposit and \$458 balance per's store account (\$25-\$7	nline. lance	\$ Discount for Seventh (for two-payment pla \$ \$20 Early Bird Discou \$ Other	-day Adventist member families (se n, deduct half the discount from eac	e table)
\$ Donation for Capital Impre \$ Donation for Campership			Adventist Member Disc Adventure Camp: \$160 REG Camp: \$160	ounts RAD Camp: \$100 DiscipleTrek: N/A	
5. Payment	VISA				
[] Visa [] MasterCard []] Discover OR make ch	ecks payable to Cohutta	a Springs Youth Camp		
				State	
Mailing Address Card Number			City E		
	& Mail Payable to	o: Cohutta Springs Yout		lhoun, GA 30703 • or fax to 706-62	25-3684 (credit card only)

Refund Policy: Refunds, less a \$50 processing fee, will be given until midnight 14 days prior to camp. Within 14 days prior to camp a 50% refund will be issued on all fees (i.e. total camp fee, bus, and rental fees).

CAMP RELEASE FORM 2024

All parents need to sign the camp release form. Please print clearly.

Camp Release Form

- Any camp activity has **inherent risks** and may result in serious injury or death.
- The camper understands that he/she is **responsible for taking the time to learn safe techniques** and the proper use and limitations of each piece of equipment.
- The camper is **responsible for informing** his/her counselor or instructor about any injuries, illnesses, or headaches that occur while at camp
- These activities are not a requirement and the camper may refuse to engage in any part of the activity if he/she feels
 uncomfortable.
- I realize that camp activities can be high-risk and potentially dangerous. I, therefore, knowingly accept and agree to release

 Cohutta Springs Youth Camp and its employees, agents and the Georgia-Cumberland Conference of Seventh-day

 Adventists from liability in case of serious injury or death at said organization's facility and/or at RAD Camp itinerary locations.

I do support and agree to abide by all camp regulation	s and poneres and to apriora its objectives.	
Camper's Signature	 Date	
(Parent/l eaal Guardian's approval must be given for ar	ayone under 18 years of age)	

Important

In planning for the camping season, we have endeavored to create as safe an environment and activities as possible, while still allowing for campers to experience adventure and to be challenged physically. In the event a camper were to need medical attention, the consent to medical treatment on the camper health history form will be used. When this application has been processed, the confirmation/receipt will be sent.

Please note: Camper registration includes limited accident insurance. The camp will provide the primary coverage up to \$5000, after a \$25 deductible. Family insurance will be secondary. Health insurance remains the family's responsibility, i.e. flu, earaches, and other personal health issues.