



# 2020 ISLAND CAMP

## JUNE 15-20, 2020

### 7<sup>TH</sup> + 8<sup>TH</sup> GRADE SUMMER TRIP

Hinsdale Covenant and two other youth groups have a week of Island Camp all to ourselves! Cortney and Colby will be "Island Directors" for the week, and we will do all the best things the Island has to offer.

The Covenant Point Island is an amazing community experience for middle schoolers. Colby worked on the Island as director for two summers, and Drew and Cortney were program directors at Covenant Point.

On the Island, campers and staff get in touch with nature, sleeping in platform tents, unplugging from electricity and doing all the amazingly fun things that the Island offers. Campfire worship every night, high ropes, games, the Mountain Dew swing, Island Ball, and a week with Cortney, Colby, and the amazing staff at CPBC!

## WHERE?

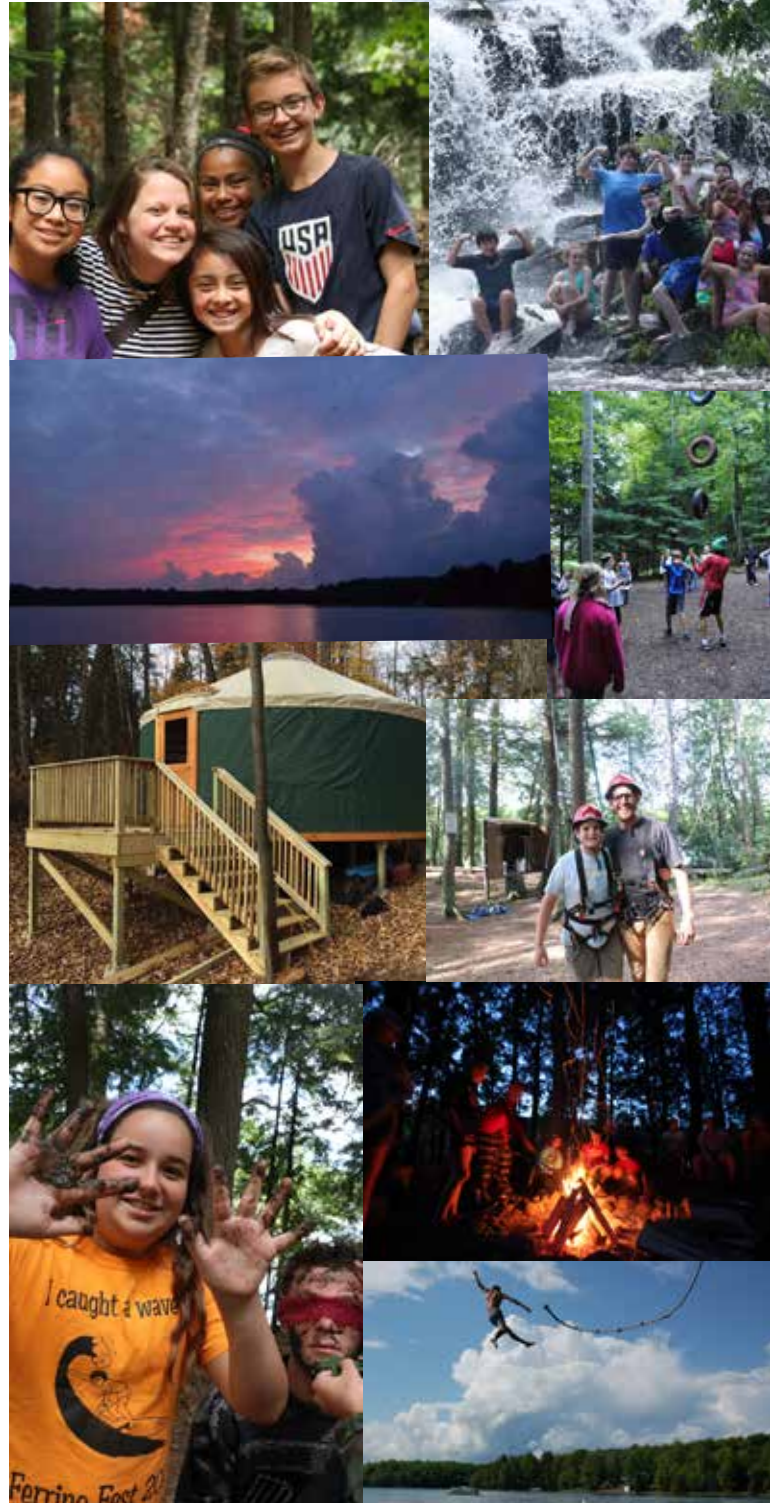
Covenant Point in Iron River, MI owns a 8.5 Acre Island on Hagerman Lake where we will be eating, sleeping, and growing closer to God in one of the best community atmospheres for middle schoolers.

Learn more @ [cpbc.com/summer/island/](http://cpbc.com/summer/island/)

## COST

**A week at camp for only \$335!**

Includes all Travel, Meals, Lodging, & Registration. Scholarships are available, contact Cortney or Colby



## CONTACTS

**CORTNEY TOMCZAK PEARSON**

Youth Director

[cortney@hinsdalecovenant.com](mailto:cortney@hinsdalecovenant.com) | 906.221.7808

**COLBY MECHER**

Youth Pastor

[colby@hinsdalecovenant.com](mailto:colby@hinsdalecovenant.com) | 773.315.1490



# General Participation Form

358 W Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: (906) 265-2117 / Fax: (906) 265-5123  
www.cpbcc.com

All participants **must have** waiver form completely filled out and brought with them to Covenant Point.

### Participant Information

Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Age if under 18: \_\_\_\_\_

Email 1 (parental email if under 18): \_\_\_\_\_

Email 2 (parental email if under 18): \_\_\_\_\_

Any limitations to participation? (physical, medical, behavioral):  
\_\_\_\_\_  
\_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

Must provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of an allergic reaction, and permission to share allergy related information with appropriate staff.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other allergies (drug, environmental, etc.): \_\_\_\_\_

Other participation concerns: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

#### Release and Waiver of Liability

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Point to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature/  
Legal Guardian (if minor): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Name:** Hinsdale Island Camp  
**Camp Dates:** June 15-20, 2020

### Registration Instructions

Please complete this form, one per child per camp.  
Bring it to Hinsdale Covenant Church  
with \$75 non-refundable deposit. Checks made out to "ECCH"  
When faxing this form, payment by credit card must be paid in full.

### Calculate your Cost

Camp Fee	\$ 315
Transportation Fee	\$ 20
Less Deposit Paid \$75 non-refundable (Check enclosed)	\$
<b>BALANCE DUE</b>	<b>\$</b>