

**2019 Children and Youth Camps Registration Form
Crystal Conference Center - Christian Church (Disciples of Christ)
Michigan Region**

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GENERAL RELEASE: On behalf of myself, my minor children, or heirs, successors and personal representatives, I hereby release Crystal Conference Center, the Christian Church (DOC) Michigan Region and their representatives, of any and all liability in the circumstance of any accident or injury to myself and or my children during our participation in this camp, whether such injury occurs through the ordinary negligence of the camp personnel, myself or other camp participants. The leaders of the camp have my permission to seek and obtain medical care for my child as needed.

Signature of parent/guardian (required) _____ **Date** _____

PHOTO/IMAGE RELEASE WAIVER

I understand that when participating in Crystal Conference Center activities, family members may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for either the Christian Church (Disciples of Christ) Michigan Region, or the General Church. I acknowledge that the images will be the sole property of either the Christian Church (Disciples of Christ) Michigan Region or the General Unit of the Disciples of Christ.

Name printed _____ **Signature** _____ **Date** _____

ONCE YOU HAVE REGISTERED YOU WILL RECEIVE:

1. A welcome letter to the session of camp you'll be attending
2. A camp schedule, including when to arrive on the first day of camp and when to pick up campers when camp concludes
3. A packing list of what to bring and what not to bring to camp
4. A map to Camp Crystal/Crystal Conference Center
5. A health form (which must be filled out completely, but does not require a doctor visit)
6. A release form for the end of camp

If you need to cancel your camp registration:

50% of your registration will be returned if cancelling two weeks before camp begins.

If you are cancelling 13 days or less before camp, there is no refund.

2019 Children and Youth Camps Registration Form

Crystal Conference Center - Christian Church (Disciples of Christ) Michigan Region

(PLEASE print clearly)

Camp Attending _____ **Date of Camp** _____

Camper Name _____ Gender _____ Date of Birth _____ Grade entering Fall 2018 _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Home/cell Phone _____ Work Phone _____ Other Phone _____

Alternate Contact _____ Home/cell Phone _____ Work Phone _____ Other Phone _____

Home Church _____ City or Town _____ Pastor's Name _____ Church Phone _____

Cabin mate request (We will try to honor request.) _____ e-mail address _____

Please use this space (attach additional pages if necessary) to inform us of any concerns about coming to camp & how we may help alleviate them?
 Any health concerns conditions or problems which may affect camp participation?
 Any dietary needs that require attention? (this is necessary as food is ordered weeks in advance).

Please attach a recent photo of your camper. It will be returned to you at the end of the week.

Compute Fees

Cost of Camp (Registered by 4/15) \$ _____
 (Counselor-In-Training fees are same as camper fees)

Added late fee of \$50 after April 15th \$ _____

Church scholarship payment (subtract the amount of your church scholarship, and have your church send their check WITH THIS FORM. No scholarships will be credited unless they accompany this form) \$ (_____)

Total fees for camp (check enclosed) \$ _____

Make checks payable to CCMR and include in the mail with your registration form. ALL CAMP FEES MUST BE PAID PRIOR TO COMING TO CAMP.

SAVE YOURSELF SOME MONEY – REGISTER by APRIL 15th
 \$50 per camp is added after April 15th.

CAMP NAME	DATES	ENTERING GRADE Fall 2018	Register by April 15	After April 15
Elementary	June 16-21	2, 3, 4, 5, 6,	\$350	\$400
Vacation Bible School	July 8-11	K, 1, 2, 3, 4, 5, 6	\$20 for 4 days	\$20 for 4 days
Chi Rho	July 21-27	7, 8, 9	\$410	\$460
CYF	July 21-27	9, 10, 11, 12 - must be under age 18	\$410	\$460

Make checks payable to
Christian Church (Disciples of Christ)
Michigan Region or CCMR
 And send this completed form with payment to:
 CCMR
 2820 Covington Court
 Lansing, Michigan 48912
 Phone: 517/372-3220 Fax: 517/372-2705
 E-mail: ccmr@michigandisciples.org
 Web: www.crystalconferencecenter.org

~ REGISTER ON LINE ~
 INFORMATION AT
www.crystalconferencecenter.org