



FAITH HAVEN CAMP INC.

38360 North Eagle Lake Road
Battle Lake, MN 56515

218-864-5303
Email: faithhavencamp@gmail.com
Website: faithhavencamp.org



Summer Camp July 7-11, 2019 Grades 2-7

“ROAR!!”

LIFE IS WILD, GOD ITS GOOD!

We are going to have a stampede of FUN!! New adventures, playing games, songs, dance party, crafts, campfires, and beach activities that show us “That God is Wild about us” and “His Love Endures forever!” A camping adventures in a safe and loving environment where campers can achieve goals, have new experiences and make friendships that will last a lifetime.

Cost: \$120

For: Youth grades 2-7

Check-in: At Faith Haven

Sunday, July 7th@ 6:00 p.m.

Pick Up:

Wednesday July 11@ 10 a.m.

Please Register by July 1st

What to Bring-sleeping bag, pillow, swim suit, towel, clothes, sunscreen, bug spray, Bible, pen & paper, toiletries, money for the Canteen (Camp Store)-clothing & snacks

Please NO revealing clothing, fireworks, drugs, tobacco or alcohol.

Camper Registration

Name _____

Address _____

City _____ Zip _____

Email _____

Phone (home & cell)

Grade in the fall _____

T-Shirt Size- _____

Birth date _____

Home Church (if any)

Friend Coming to camp
to _____

Emergency Information: Parent's
Name/work #

Alternate contact- Name & phone

relationship _____

Health Insurance Information

Company Name _____

Member Name _____

Group Name _____

Contract Policy # _____

Member # _____

Group # _____

Known Allergies _____

Current Medications _____

Reasons for Medications _____

Comments: _____

The child registered is certified to be in good physical health and capable of participating in camp. We hereby assume all risks of attending camp and agree to waive and release any and all past, present or future claims against Faith Haven Camp, Inc. relating to this child's participation in camp, including liability or damages from claims for personal injury or any other harm or loss. We also give permission for Faith Haven Camp Staff to dispense medicine (such as Tylenol or similar products) as deemed necessary. In case of medical emergency, we give permission or the physician selected by Faith Haven Camp Staff to provide any treatment or procedure deemed necessary. I further authorize the camp to use photos or video taken of my child at camp for promotional purposes.

Parent/Guardian Signature/ Date