

Jubilee Day Camp Registration:

All information is required!

Name: _____ DOB: _____

Address: _____ State: _____

City: _____ Zip: _____

Caretaker/Guardian: _____

Phone: _____

Food allergies: _____

Foods/beverages that are off limits or allowed in limited quantities:

Allergies (circle): Hay fever insect

Other: _____

Additional Comments:

Attending caregiver:

Emergency Contact:

Phone: _____

Insurance Company: _____

Policy #: _____

Permission/Medical/Promotional & Legal

Release: We, the caretaker or guardians of the camper named, give permission for the same individual to attend camp and be involved in all camp activities. In giving permission for this camper's participation, we agree to pay all expenses resulting from an emergency and in no way hold Park River Bible Camp, board members, or any staff member liable. We also understand it is our responsibility (not Park River Bible Camp's) to provide supervision for the camper names while at camp.

Yes or No: I consent to the use of photos of the named camper for promotional purposes.

Signature:

Date:

Park River Bible Camp
106 Solid Rock Circle
Park River, ND 58270

Jubilee Spring Retreat

May 22, 2019

1:00-4:00 pm



Park River Bible Camp
Phone: 701-284-6795
goprbc@polarcomm.com

When: Wednesday, May 22, 2019

Check-in Time: 1:00 pm

Depart: 4:00 pm

Who: Everyone! People from group homes, private homes and other places are invited to join us.

Where: Park River Bible Camp, one mile north of Hwy 17 on Hwy 32.

Cost: \$10. There is no fee for staff who stay to assist.

Questions:

Call us at (701) 284-6795 or

email us at: goprbc@polarcomm.com

To Register: Please complete and mail the attached registration form, **prior to the camp (so we can be better prepared and the line can move quickly during registration/check-in)** with a \$5 nonrefundable fee to:

Park River Bible Camp
106 Solid Rock Circle
Park River, ND 58270

What to Bring: Clothing for indoors and outdoors, your staff, any medications you may need and excitement for a great day!



**Join us for a fun-filled day!
We will have a great time at camp!**

**We will relax, enjoy friends,
have Bible studies, sing songs,
eat snacks and have a great time. We really hope you come!**



[Jubilee Day Camp—Caregiver Registration](#)
(ALL INFORMATION IS REQUIRED)

Name: _____ Phone: _____
Camper (s) I will be responsible for: _____

Legal

I, the caregiver for the camper (s) named above understand that it is my responsibility to accompany the named camper (s) to all camp activities, provide direct supervision, and provide for all medical and personal needs. I understand that Park River Bible Camp will not provide direct supervision for campers.

Signature: _____ Date: _____

Jubilee Retreat