



"He is before all things and in Him all things hold together."

Colossians 1:17

SUMMER 2011

Silver Spur Christian Camp & Retreat Center
17301 Silver Spur Drive; Tuolumne, CA 95379 (209) 928-4248 | FAX (209) 928-3899
www.silverspur.com or spurcamp@silverspur.com

CABIN LEADER REGISTRATION FORM

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Cabin Leader Name	Age	Birthday	Gender
Mailing Address		City/State	Zip Code
Phone Number			
Email Address			
I will be attending with this church		Church City	

Please Check One— Camp Registration

- Transition Zone (grades 6-8)—July 10-16\$25 \$ _____
- High Country (grades 7-12)—July 17-23\$25 \$ _____
- Base Camp (grades 3-6)—July 25-30\$25 \$ _____
- Extra Cabin Leader Fee***\$100.00 \$ _____

* An extra Cabin Leader fee of \$100 per additional leader will apply if the extra adults exceed the 1:5 ratio. The fee may be waived if you are assigned campers from another church.

Total Due: \$ _____

Camp T-Shirt Size

- Adult SM Adult MED Adult LG Adult XL Adult XXL Adult XXXL
- Child SM Child MED Child LG

Camp fees include: All of your meals, camp activities, recreation at Silver Spur, quality Christian speakers and music, T-Shirt and DVD.

Spending Money: Cabin Leaders may want to bring some spending money for extras like camp wear, camp or band merchandise, crafts, snacks or gift store items.

SILVER SPUR OFFICE USE ONLY

Camp Costs: _____	Date Received: _____
Adjustments: _____	Check # _____
Late Fee: _____	Total: _____
	Less Deposit: _____
	Balance Due: _____

Cabin Leader Medical Release and Waiver
(Please read, sign and date)

I give my permission for any quotes, photos, or video taken of me during camp to be used for promotional purposes. I realize that injuries at camp can occur, without any fault on the part of Silver Spur personnel. I agree to indemnify and hold harmless Silver Spur Conference Center, its officers, agents and employees from and against every expense, including attorney's fees, liability, or payment by reason of any damages or injury to person (including death) or property (including loss of use or theft thereof) as arises out of or in connection with the conference, including use of Silver Spur property, facilities or equipment. In the case of any dispute between an injured party and Silver Spur Conference Center, the injured party shall agree to a binding arbitration hearing by a panel of one. I understand that insurance is the responsibility of each cabin leader. The cabin leader named on this form has given consent to attend camp (noted on left) and to participate in all camp activities, on or off camp property. In the event of an emergency, I give my permission to Silver Spur and/or the attending medical personnel to hospitalize, secure proper treatment, and to order injections, anesthesia, medications, or surgery. I understand that all expenses for services rendered will be billed to me or to my insurance company. If under 18, signature of parent or legal guardian is required to participate.

Signature if over 18 (Must be filled in to participate)

Print Name: _____
Signature: _____ Date: _____

Signature of Parent or Legal Guardian (Under 18 Only! Must be filled in to participate)

Print Name: _____
Signature: _____ Date: _____

Emergency Contact Information

Phone: (____) _____ Phone: (____) _____
Cell: (____) _____ Evening: (____) _____

Alternate Emergency Contact Information

Name: _____ Phone: (____) _____
Relation to Cabin Leader: _____

Medical Information (Use separate sheet if needed.)

Health Insurance Co.: _____
Policy Number: _____
Person Carrying Insurance: _____
Date of last Tetanus Shot: _____
Any Known Allergies? _____
Regular Medication: _____
Health Limitations: _____
Restrictions to Camp Activities: _____

Please return this completed form to Silver Spur before June 18, 2011 to reserve your space. If you have questions, please contact the Silver Spur office at (209) 928-4248 or spurcamp@silverspur.com.