

CAMP ALDERSGATE REGISTRATION FORM

1043 Snake Hill Road, North Scituate, RI 02857 Phone: 401.568.4350 Fax: 401.568.1840
Register Online at www.campaldersgate.com

We offer camperships for all programs. It is our policy that no one is turned away because of their ability to pay. Contact your pastor or church leadership or you may contact the camp office for more information.

PLEASE PRINT (one camper per form please) You may make copies of this form for additional campers.

Camper Name _____

Date of Birth ____/____/____ Grade completed June 2009 _____ Sex _____

Address _____

No. Street City State Zip

Phone (____) _____ Alternate Phone (____) _____

Parent(s)/Guardian(s) (Print) _____

Email for Parent/Guardian _____

Emergency Contact: _____ Phone: (____) _____

Church _____ City _____

PLEASE REGISTER MY CAMPER FOR THE FOLLOWING CAMP(S):

(Use additional paper to register for more camps)

Camp Name _____ Specialty Area _____

Week _____

Camp Name _____ Specialty Area _____

Week _____

Buddy Request _____ (not guaranteed)

PAYMENT INFORMATION:

Send this registration form and a \$50 NON-REFUNDABLE deposit for each week to Camp Aldersgate (\$25 per week for day camp). We require the pre-payment of the balance due three weeks prior to the first day of each camp you are registering for. Make checks payable to Camp Aldersgate. Events listed in this brochure are open to all persons regardless of race, sex, color, religion, or national origin. All payments (except deposit) are refundable up to ten business days prior to the first day of the camp, with the exception of horse camps. There is a \$25 fee for checks returned by the bank. If camp is full for a given week, your camper will be placed on a waiting list for that camp. You will be notified if this occurs.

CREDIT CARD INFORMATION:

CIRCLE: MasterCard | Visa | American Express | Discover \$_____

CIRCLE: Full payment | Deposit

Card # _____ Exp. ____/____

Name on Card: _____

I understand and certify that my camper's participation in Camp Aldersgate and its activities is completely voluntary and I have familiarized myself with the camp's program and activities, and give my permission for my camper to participate in these activities. I understand that these activities may include High and Low Ropes, Group Initiatives, Swimming, Boating/Canoeing, Hiking, Fire Building, Rock Climbing, Rappelling, and/or Spelunking. I recognize that certain hazards and dangers are inherent in these and other camp events and programs and I acknowledge that although Camp Aldersgate has taken safety measures to minimize the risk of injury, Aldersgate can neither insure nor guarantee that programs, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I hereby release and waive any claim against Camp Aldersgate, Methodist Camp Inc., the New England Conference of the United Methodist Church, their employees, volunteers, and servants, from any and all liability arising from any illness or injury suffered by my camper during his/her activities at Camp Aldersgate and at related off-site activities, and for any lost or stolen articles. I further recognize and certify that I have instructed my camper in the importance of knowing and abiding by the camp's rules, regulations, and procedures for the safety of camp participants. I hereby give permission for the use of photographs and/or video including my camper for camp or church publicity, unless I withdraw this permission in writing on or before the first day of my camper's camp. I certify that I have the authority to register this camper. If paying by credit card, I authorize the charges listed above.

Parent/Guardian Signature _____

Date _____