

# Camp Aldersgate Registration Form -Family Programs-

Please select the program you wish to attend:

Family Camp Week  Family Weekend  Single Parent Weekend

### Parental Information

Parent 1 Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

Parent2 Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

Parent Relationship Status:  Married  Single  Divorced  Separated

Camper(s) are in custody of: \_\_\_\_\_  Both parents

We will create a user name and password based on the first parent's information. We will forward this to you when we enter the registration.

### Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Child 1 Information**

Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Doctor's name \_\_\_\_\_ Dr. Phone \_\_\_\_\_

What church do you attend (if any)? \_\_\_\_\_

**Child 2 Information**

Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Doctor's name \_\_\_\_\_ Dr. Phone \_\_\_\_\_

What church do you attend (if any)? \_\_\_\_\_

**Child 3 Information**

Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Doctor's name \_\_\_\_\_ Dr. Phone \_\_\_\_\_

What church do you attend (if any)? \_\_\_\_\_

**Please attach additional sheets if needed.**

**Pricing:** Realizing that families have differing abilities to pay, Camp Aldersgate is offering a voluntary 3-tier pricing program to accommodate all financial needs. Please see our website or brochure for details.

Family Camp Week is priced for a family of four: \$860 Tier 1; \$760 Tier 2; \$660 Tier 3.  
Each additional person is \$65

Family Camp Week is priced for a family of four: \$320 Tier 1; \$270 Tier 2; \$220 Tier 3.  
Each Additional person is \$35

Single Parent Weekend is priced for a family of two: \$250 Tier 1; \$200 Tier 2; \$150 Tier 3.  
Each additional person is \$35

Total amount due: \$ \_\_\_\_\_

I want to pay the  Full Balance  Deposit today. Deposit is \$75, with the remaining balance is due 3 weeks before your camper's program begins. Deposit is non-refundable.

I am paying by  Check  Visa  Mastercard  Discover  American Express

For charge cards – Card No.: \_\_\_\_\_ Exp: \_\_\_\_\_

Make Checks payable to Camp Aldersgate.

Camp Aldersgate maintains a policy that no camper is turned away because of inability to pay for camp. If you need a campership, please contact the camp office or visit our website for the campership form.

If you have any questions or concerns about your camper's experience at Camp Aldersgate, please contact Jenn Becker Carpenter at (401) 568-4350.

**Permission and Waiver.** I understand and certify that my camper's participation in Camp Aldersgate and its activities is completely voluntary, that I have familiarized myself with the camp's program and activities, and that I 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 reduce 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, directors, officers, 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 program. I certify that I have the legal authority to register this camper. If paying by credit card, I authorize the charges listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this form to Camp Aldersgate, 1043 Snake Hill Road, North Scituate, RI 02857  
or fax to (401) 568-1840.