

**SILVER MAPLE CAMP**  
*www.silvermaplecamp.org*  
**2010 REGISTRATION FORM**  
 Spiritual Focus, Fellowship, and Fun!

**MAIL THIS FORM TO:**  
 SILVER MAPLE CAMP  
 % Pam Turner  
 208 W. 4th  
 St. John, KS 67576

<p><b>Session Choice – Check one</b>                  _____ SMC1 - JR: age 9-13 (JULY 11-17)                  _____ SMC2 - SR: age 13-18 (JULY 18-24)                  _____ SMC3 - JR/SR: age 9-18 (JULY 25-31)                  _____ Day Camp - age 8-11 (JULY 13-14-15)                  (DAY CAMP ONLY-circle days attending, t-shirt not included-separate purchase optional-\$5.00)</p> <p><b>T-shirt size – Circle one</b> <small>(day camp excluded)</small>  <b>Youth: XS S M L XL</b> <small>(Adult S)</small>  <b>Adult: S M L X XX</b></p>
---

<p>Office Use Only                  PrePay \$ ____                  SMC Sch \$ ____                  Chrch Sch \$ ____                  Hth Form ____                  Hth Card ____</p>
--

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_/\_\_\_\_ WORK PHONE: \_\_\_\_/\_\_\_\_  
 CAMPER'S E-MAIL: \_\_\_\_\_  
 NOTIFY IN EMERGENCY (other than above): \_\_\_\_\_  
 RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_  
 CHURCH PREFERENCE: \_\_\_\_\_ HOME CONGREGATION: \_\_\_\_\_

I wish to share a cabin with (list no more than 3) \_\_\_\_\_  
 Directors will try to accommodate camper wishes although final cabin assignments are subject to director discretion.

I have read and agree to abide by the rules of Silver Maple Camp and realize I may be sent home for being disobedient to those rules.

Signed by Camper: \_\_\_\_\_

The camper whose name appears on this registration form is in good health. I give full permission for my child to participate in all activities of the camp. In case of illness or accident, my child may be given emergency first aid treatment, and I authorize the camp director to seek medical treatment and the physician or physicians selected by the director to administer such treatment as may be deemed necessary or advisable. I understand that the expense for such treatment will be mine. I understand that Silver Maple Camp, Inc. does not assume responsibility for the camper's personal property, and I hereby waive and release, on behalf of myself and my child, Silver Maple Camp, Inc. and its directors, from any and all liability for any injuries or illnesses incurred while at camp, or from medical treatment for injury or illnesses incurred by my child while at camp. I further grant the release of photographs, taken of my child while at camp, for use in camp promotional activities.

Parent or guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_  
 Email: \_\_\_\_\_ (Verification of registration will be emailed to this address.)

**COST (SMC1-2-3) :** \$50.00 Pre-registration fee (due with registration form at least 10 days prior to camp session)  
 + \$90.00 (due upon arrival at camp) = \$140.00 TOTAL for pre-registered campers  
 + (\$25.00 Walk-up registrations only) = (\$165.00 Total for non-registered campers only)  
**COST (Day Camp):** \$5.00 per day (\$5.00-\$10.00 -\$15.00 due with registration form at least 10 days prior to camp)

**PARENTS: Plan to stay for Sunday evening worship at 5 PM.**  
*Camper check-out time must be prior to 10am on Saturday of the session*