

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

**Family Camp Session**  
 June 20-26

\_\_\_\_\_ Number of Family Members  
 (cost \$100.00 per person, \$500.00 limit)

\_\_\_\_\_ Amount Pre-Paid

**T-shirt Sizes**-(indicate quantity needed for each size)  
**Youth:** \_\_XS \_\_S \_\_M \_\_L  
**Adult:** \_\_S \_\_M \_\_L \_\_X  
 \_\_XX \_\_XXX

Office Use Only  
 PrePay \$ \_\_\_\_  
 SMC Sch \$ \_\_\_\_  
 Chrch Sch \$ \_\_\_\_  
 Hth Form \_\_\_\_  
 Hth Card \_\_\_\_

**MAIL REGISTRATION AND HEALTH FORM TO:**

SILVER MAPLE CAMP  
 % Pam Turner  
 208 W. 4th  
 St. John, KS 67576

PARENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

(Note: Any camper age 13 and below must be accompanied by an adult guardian.)

CHILD NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_ WORK PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-MAIL: \_\_\_\_\_

NOTIFY IN EMERGENCY (other than above): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHURCH PREFERENCE: \_\_\_\_\_ HOME CONGREGATION: \_\_\_\_\_

**ACCOMMODATIONS:**

- RV sites are available for an additional fee of \$10.00 per night (E/W):  Hold a Site
- Air-Conditioned Cabins are available:
  - Please reserve a cabin for our entire family
  - Please reserve space in a girls cabin for \_\_\_\_ females
  - And reserve space in a boys cabin for \_\_\_\_ males

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

Signed by Parent or guardian: \_\_\_\_\_

The campers whose names appear on this registration form are in good health. I give full permission for my family to participate in all activities of the camp. In case of illness or accident, my family 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 family, 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 family while at camp. I further grant the release of photographs, taken of my family while at camp, for use in camp promotional activities.

Parent or guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_