

2022 CAMP TRANSPORTATION
RESERVATION FORM

Camper Name _____

Parent/ Guardian Name _____

Contact Phone _____

1. Faith Covenant Church will provide transportation to and from Portage Lake Covenant Bible Camp on the dates listed below.
2. Registrations are accepted on a space available basis, priority is given to members of Faith Covenant Church.
3. Transportation may be cancelled if a driver does not volunteer at least one week prior to the scheduled transportation.
4. Registration must be received in the church office or emailed to office@4fcc.org no later than one week prior to each camp.
5. Minimum 5 registrations one week prior, or no transportation will be provided.
6. Van leaves church at 10:30am on Sunday. Please pack your child a sack lunch for the van ride to camp and provide money for lunch on the return trip. The van will be back at church on Saturday at approximately 4pm.
7. Parent or guardian must sign the Medical Release Form on the next page (backside)

DATES:

Senior High Camp To ____ Sunday, June 19 From ____ Saturday, June 25

Junior High 1 Camp To ____ Sunday, July 10 From ____ Saturday, July 16

Junior High 2 Camp To ____ Sunday, July 24 From ____ Saturday, July 30

Trailblazer 2 Camp To ____ Sunday, July 31 From ____ Saturday, August 6

COST: **\$20/ way CASH ONLY! Round Trip = \$40**

- Money should be included with the form.
- Driver cannot spend your checks for fuel during the trip.
- Cost may be adjusted during the season due to higher gas prices than planned.

If you have any questions please contact the church office at 248.661.9191

2022 CAMP TRANSPORTATION
MEDICAL RELEASE FORM

EVENT: _____ DATE: _____

CAMPER NAME: _____ CITY/ZIP: _____

ADDRESS: _____ TELEPHONE: _____

MEDICAL RELEASE: I give my permission for my child to go on this event, sponsored by Faith Covenant Church, Farmington Hills, Michigan. I understand that everything possible will be done to ensure the health and safety of each and every participant. I agree not to hold liable any individual leader or Faith Covenant Church. In case of emergency I understand every possible means will be used to contact me prior to treatment. Should it be necessary, I hereby authorize the leadership of the event to obtain appropriate medical treatment including injections, anesthesia, or surgical procedure for the above-named individual, except non-emergency elective surgery or care or treatment expressly excluded as follows:

Please indicate any special allergies or conditions:

This authorization shall be effective only for the departure for this event and continuing until our return. This document shall be presented at such time as unexpected medical or surgical care or treatment may be required.

Parent/Guardian _____

Phone _____

Hospital Insurance _____ Policy _____