



SUMMER FAMILY CAMP REGISTRATION

Online registration is also available at GLLM.org. Please complete all fields and mail to:
Water's Edge Ministries, 9916 Lake Avenue South, Spicer, MN 56288

FAMILY INFORMATION

Family Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email _____

Church & City (no abbreviations please) _____

Family Members (include name, pronouns, gender, birthdate, grade, and t-shirt size) _____

PROGRAM INFORMATION

Family Camp Program & Location _____

Dates _____

PERMISSIONS Please check all that apply.

- My child/ren has permission to take part in all camp activities under supervision, and I agree that the camp and/or its personnel will not be responsible for accidents arising therefrom.
- I give permission to transport my child for camp programs and emergencies.

By participating in a Water's Edge Ministries program, participants and/or their parent(s)/guardian(s) grant permission for photos and videos to be taken and used by the organization for promotional, educational, and archival purposes in any format. This includes, but is not limited to, use on websites, social media, print materials, and other media. No compensation will be provided for use of these materials. To opt out, a Media Release Opt-Out Form must be requested and submitted to the Director of Marketing & Communications prior to program participation.

Signature _____

PAYMENT OPTIONS Fee Levels: Supported Fee (Subsidized by Donations) Full Fee (True Cost of Camp)

I would like to pay: Full payment Deposit only (\$150) by: Check Credit Card Applied for Scholarship

Name on Credit Card _____

Card Number _____ Exp Date _____

Security Code _____ Signature _____