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| S:\Beaver Cross Ministries\Logos & Graphics\BCM Approved Logos & Graphics\BC Camps Logo_black.png | **DAY CAMP JR. CIT APPLICANT FORM**  **Beaver Cross Camps:** 575 Burton Road, Greenwich NY 12834  phone: 518-692-9550 ex.114| fax 518-692-8777 [bccamps@ctkcenter.org](mailto:bccamps@ctkcenter.org) |

**WELCOME TO BEAVER CROSS CAMPS!** Thank you for showing interest in our Jr. CIT program. Please fill out BOTH sides of this registration form and mail it to **Beaver Cross Camps**. Once received, we will contact you about your application for the program and if successful mail your **Medical Form** and important camp information. The medical form must be filled out and returned before the start of camp. If you have any questions or concerns, please contact the Day Camp Director Daniel Hyde at **518.692.9550 ext. 114.** For information about the program can be found on our website at http://www.beavercrossministries.org/day-camp.html .

**Camper Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My friends call me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fall 2017 Grade\_\_\_\_\_\_\_ M or F\_\_\_\_ Been to BC before?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Every camper gets one BC T-shirt, so circle your size Youth: S M L XL Adult: S M L XL XXL

Please select the 4 week block you would like to participate in the program (both blocks may be selected).

 3rd July – 28th July 2017  31st July – 25th August 2017

**Parent & Family Information**

Parent/Guardian name (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Status  Married  Separated  Divorced  Custody \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best time to reach you during your camper’s day or week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denomination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Beaver Cross Camps? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Media & Activity Release**

I give permission for my child to participate in camp activities: Typical camp activities include supervised hiking, swimming, boating, challenge ropes, climbing tower, sports, archery, crafts, music, worship and field trips. My signature below indicates my child has my permission to engage in all camp activities on and off camp grounds, and to be transported to, and participate in, outings and field trips off Christ the King/Beaver Cross grounds under the supervision of the camp staff except at note below:

I give permission for my child to appear in photographs, video, and social media that may be used to promote Beaver Cross Camps, Beaver Cross Ministries & Christ the King Center.

*Parent/Guardian Signature*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This section is to be completed by the applicant to the Jr. CIT program.**

Why do you want to be a Jr. CIT at Beaver Cross Camp?

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What do you like to do for fun?

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Tell me about your relationship with God.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you hope to learn from being part of the Jr. CIT program this summer?

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**Thank you for filling out the application for the Jr. CIT program. We look forward to speaking with you!**