

# MANTON CHRISTIAN CAMP

## General Information

**Age Levels:** All camps are designed for students at the grade level they are entering in the coming fall. Youth Camps are for 6th through 12th grades. CLC Camps are 4th through 6th graders.

**Late fee:** We will charge an additional \$10.00 late fee for any registrations received after May 25th, according to the Postmark date.

**Refund Policy:** 100% before June 10th, 50% from June 10th until the first day of camp. 0% after arrival to camp.

**To request a refund, you must call the Director of the camp your child is registered for.**

Canteen money is included in all youth camp's registration costs.

**What to Bring:** Bible, pencils, notebook, sleeping bag, camp clothes, bath towels, warm jacket, modest swimsuit/trunks, flashlight, and rain gear.

**What Not to Bring:** Cell Phone, Mp3 or CD players, fireworks, knives, cigarettes, short shorts, weapons, valuables, and bad attitudes. If any of these items are found, these items will be confiscated until the end of camp.

Name: \_\_\_\_\_

Grade this fall: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Camp: \_\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If an emergency we will call the parent first. If the parent is not available, we will call:

Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

I agree to follow all of the camp rules and cooperate with the leaders. I understand that if I do not, I may be sent home before the end of camp.

Camper's Signature: \_\_\_\_\_

It is my desire that when leaving camp, my child be released ONLY to me, the driver from church that brought him/her or to the following person:

Pick-Up By: \_\_\_\_\_ Pick-Up Phone Number: \_\_\_\_\_

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## Camper's Information

Camper's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Parent / Guardian: \_\_\_\_\_ Primary Insured and DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ins. Carrier: \_\_\_\_\_

Ins. Group Number: \_\_\_\_\_ Ins. ID #: \_\_\_\_\_ Ins. Phone: \_\_\_\_\_

Please put a Y or N next to the below immunizations to confirm if your child is current:

Hepatitis: \_\_\_ Polio: \_\_\_\_\_ Tetanus: \_\_\_\_\_ Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

Please put a Y or N next to the below health issues if they are evident in your child:

Nose Bleeds: \_\_\_ Bedwetting: \_\_\_\_\_ Asthma: \_\_\_\_\_ Epilepsy: \_\_\_\_\_

Headaches: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Other: \_\_\_\_\_

\*\*If your child has special needs, please contact the Camp Director and explain.

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## Current Medications

All medications (prescriptions and non-prescriptions) brought by campers must be in their original container and be turned in to the nurse upon arrival to camp. Campers may not keep even aspirin in their cabins.

Medications: \_\_\_\_\_

\_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Purpose: \_\_\_\_\_

Current Infectious Diseases: \_\_\_\_\_

Allergies and Reactions: \_\_\_\_\_

Physical and Behavioral Reactions: \_\_\_\_\_

My signature below certifies that the information in this form is correct and complete. I permit the health staff of Manton Christian Camps to render necessary routine first aid and nursing care. In an emergency, I permit the licensed physician chosen by camp staff to hospitalize and secure treatment, anesthesia, or surgery for the camper named on this form.

I understand that there are inherent risks involved in any ministry or camping event, and I hereby release the camp, its Directors, employees, and volunteer staff from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. I am responsible for damages incurred by my child and realize, I will be billed for them as necessary. Should it be necessary for the camper to return home due to medical reasons, disciplinary action, or otherwise, I will assume all transportation responsibilities.

I permit my child to be transported in privately owned vehicles to and from approved, off-camp activities. I permit my child to participate in all prescribed camp activities, except noted by me. I permit the use of photographs or videos including my child to be used for camp publicity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_