



CAMPING HEALTH, CONSENT, AND RELEASE FORM

Camper Registration:

Camper's Full Name: _____ Gender: M or F

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Age: _____ DOB: ____/____/____ Grade This Fall: _____

Church: _____ Email: _____

Parent/Guardian(s): _____

Parent/Guardian(s) Phone: _____ Can Text? Y or N

If not available in an emergency, notify:

Emergency Contact Phone Number: _____

Camp Attending: Camp Impact or CLC Camp

T-Shirt Size: Adult or Youth, XS S M L XL XXL (youth sizes not available for Camp Impact)

If possible, who do you want to room with? _____

Camp Information: All Camps are designed for students at the grade level they are entering in the Fall.

Camp Directors: Camp Impact - Emma Miller (269) 953-5903, CLC Camp - Rev. Jason Reynolds (419) 367-5743

Cost of camp: \$150 prior to May 15, 2020, \$160 after May 15th, 2020. Make checks payable to Manton Youth Camp. Completed registration form and payment are to be turned in to your local Youth Director or Church. **IF YOU DO NOT** attend a Free Methodist Church, please send registration and payment to: Rev. Ellen Y. Cook 845 State St Boyne City, MI 49712. If submitting forms AFTER May 15, 2020 deadline, please call Camp Directors prior to sending.

Refund Policy: 100% refund **BEFORE** May 15th, 2020, 50% refund **AFTER** May 15th, 2020, **NO** refund after camp begins.

Canteen: Camp Impact and CLC Camp Campers will receive a \$6 canteen card at registration, this fee is included in the camp fee.

What to Bring: Bible, pencil, pillow & sleeping bag, camp clothes, bath towel, toiletries, warm jacket, bug spray, bathing suit that covers stomach, flashlight, rain gear, reusable water bottle, and sunscreen.

Cell phones are permitted, but may be used for emergency purposes only.

DO NOT BRING: Tablets, guns, fireworks, knives, tobacco products including E-cigarettes, illegal drugs, alcohol, inappropriate clothing, and bad attitudes. **These items will be confiscated.**

Parent/Guardian Pledge:

*My signature below certifies that the information on this form is correct and complete. I permit the health staff of Manton Youth Camps to render necessary routine first aid and nursing care. In an emergency, I permit the licensed physician by camp staff to hospitalize, 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, camp 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. Unless otherwise noted by me, I permit the use of photographs and/or videos including my child to be used by camp publicity. (If any parent wishes to remove their child's photo or video clip from promotional material, please contact Manton Christian Camp at (231) 824-3200.)

Signature of Parent/Guardian: _____ **Date:** _____

Camper Release Protection: It is my desire that when leaving the camp, my child is released ONLY to me, the driver from my church, or the following person.

Name: _____ **Phone:** _____

Camper Pledge: 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 Signature: _____ **Date:** _____

Camper Health Record:

Please include a copy of camper's health insurance card.

Camper's Name: _____ Phone Number of Policy Holder: _____

Full Name of Policy Holder: _____ DOB of Policy Holder: _____

Insurance Carrier: _____ Phone Number: _____

Policy Number: _____ Group Number: _____

Family Physician: _____ Phone Number: _____

Camper is currently under the care of a physician for the following condition(s): _____

Chronic or recurring illness or medical condition (including behavioral conditions); operations or serious injuries (dates): _____

Explanation of any reported loss of consciousness, convulsions, or concussion: _____

Any camp activities from which the camper should be excluded: _____

Please check immunizations that are current:

Hepatitis ___ Polio ___ Measles ___ Mumps ___ Tetanus ___ Date of last Tetanus _____ Child does not Immunize _____

Please Check any Health issues that apply to camper:

Nose Bleed ___ Asthma ___ Headaches ___ Bedwetting ___ Epilepsy ___ Diabetes ___ Other _____

Camper Medication(s) Description(s):

All medications (prescribed and over the counter) brought by campers must be in the original container and turned in to the nurse upon arrival at camp. **Campers MAY NOT keep even aspirin in the cabins.**

Current Infectious Disease(s): _____

Allergies & Reactions: _____

Dietary Restrictions: _____

Physical/Behavioral Restrictions, Special Needs, Considerations, or Limitations: _____

Camper is currently taking medications: **Y or N** If yes, please indicate below.

Medications	Dose	Frequency	Purpose

