

**CAMPER REGISTRATION**

**Camper Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Grade this Fall: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender: M / F Church: \_\_\_\_\_

**Parent(s)/Guardian(s)**

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

- Phone : \_\_\_\_\_ TEXT?: Y / N

In the event of an emergency the parent(s) or guardian(s) will be notified first. If unavailable then we will contact:

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

- Phone: \_\_\_\_\_

**Please Circle Camp you will attend:**

**Camp Impact                      CLC Camp**

**Circle two:** T-Shirt Size: (Adult Youth) XS S M L XL XXL

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

\_\_\_\_\_

**CAMPER HEALTH RECORD**

**Camper Name:** \_\_\_\_\_

Name & DOB of Primary Insured:

\_\_\_\_\_

- Phone (Home): \_\_\_\_\_

- Phone (Work): \_\_\_\_\_

Family Physician: \_\_\_\_\_

- Phone #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

- Group #: \_\_\_\_\_

- Phone #: \_\_\_\_\_

*\* Please include a copy of your **insurance card** if possible.*

<p align="center"><b>Please check immunizations that are current.</b></p> <ul style="list-style-type: none"> <li>.. Hepatitis</li> <li>.. Polio</li> <li>.. Tetanus</li> <li>.. Measles</li> <li>.. Mumps</li> </ul> <p>Date of Last Tetanus:                  _____</p>	<p align="center"><b>Please Check the health issues which are evident in your child.</b></p> <ul style="list-style-type: none"> <li>.. Nose Bleed</li> <li>.. Asthma</li> <li>.. Headaches</li> <li>.. Bedwetting</li> <li>.. Epilepsy</li> <li>.. Diabetes</li> <li>.. Other</li> </ul>
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**Child does not immunize.**

**CAMPER MEDICATION(S)  
 DESCRIPTION(S)**

**ALL MEDICATIONS (prescribed and over-the-counter) brought by campers must be in the original container and be turned into the nurse upon arrival at the camp. Campers may not keep even aspirin in the cabins.**

Current Infectious Diseases:

Allergies & Reactions:

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

Dietary Restrictions:

Child is currently not taking any medication.

If child takes medications, please list below:

<b>Meds</b>	<b>Dose</b>	<b>Frequency</b>	<b>Purpose</b>

\*If you need additional room, please attach a separate sheet of paper. Thank You!

**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 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. Unless otherwise noted by me, I permit the use of photographs and/or videos including my child to be used for 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:**

\_\_\_\_\_

(Parent or Guardian)

**Camper Release Protection**

It is my desire that when leaving the camp, my child be 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 signs here)

**PARENT INFORMATION**

- Cost: \$130 for each camp

## CAMP IMPACT

(7th - 12th grades) June 18th – 22<sup>nd</sup>

**Speaker: Elice Davey**

**Check In: 5:30 - 7:00 pm - June 18, 2018**

**Pick Up: 1:00 pm - June 22, 2018**

## CLC CAMP

(4th - 6th grades) June 25th – June 29th

**Speaker: Marc Hammon**

**Drop Off: 2:00 pm - June 25, 2018**

**Pick Up: 12:00 pm - June 29, 2018**

**Register:** Give your completed registration form, along with your payment to your youth director and/or local church. **[OR** If not attending a Free Methodist church please send your registration and payment to:  
Rev. Ellen Y. Cook 410 W Hinman Mancelona, MI 49659]  
Payment made to Manton Youth Camp.

**Age Level:** All camps are designed for students at the grade level they are entering in the fall.

- \*Please call the Camp Director if you are submitting Camper Forms after May 21, 2018.

\*Camp Funds should be sent through your local church!

Any questions, please contact camp directors.

- Camp Impact -Pastor Chris Anton, (231) 286-0364
- CLC Camp - Rev. Jason Reynolds, (231) 582-6843

### Refund Policy through your Local Church:

- 100% Refund - BEFORE June 11, 2018
- 50% Refund - AFTER June 11, 2018 up to Camp
- **NO** Refund - AFTER Camp begins
- Refund Requests - Contact the Camp Director

### Canteen:

- Camp Impact & CLC Camp will receive a \$6 canteen card at registration. This \$6 is included in the camp fee.

**What to Bring:** Bible, pencil, notebook, sleeping bag, camp clothes, bath towel, warm jacket, bug spray, one piece or two piece swimsuit that covers your entire stomach, flashlight, rain gear, reusable water bottle, and sunscreen.

- **Cell Phones** are permitted but may be used for emergency purposes only.

**What NOT to Bring:** tablets, iPods, guns, fireworks, knives, cigarettes, illegal drugs, inappropriate clothing, and bad attitudes. Items will be confiscated until the end of camp, if found.

# MANTON YOUTH

# CAMPS

~ 2018 ~