

PARENT/GUARDIAN PLEDGE (Send in this page to register)

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 signature)

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 and t-shirt size:

Camp Impact-Adult size only (XS S M L XL XXL XXXL)

CLC Camp: T-Shirt Size: (Adult Youth) (XS S M L XL XXL)

If possible, who do you want to room with?

CAMPER HEALTH RECORD (Send in this page to register)

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.*

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 the camp. Campers may not keep aspirin, tylenol or ibuprofen 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:

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

Meds	Dose	Frequency	Purpose

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

CAMPER MEDICATION(S)

PARENT INFORMATION (Please keep this page)

- Cost: \$130 for each camp
- *Please call the Camp Director if you are submitting Camper Forms after May 20, 2019.

*Camp Funds should be sent through your local church!

Any questions, please contact camp directors.

- Camp Impact –Emma Miller, 269-945-9121. Cell: 269-953-5903.
- CLC Camp - Rev. Jason Reynolds, (419) 367-5743

Refund Policy through your Local Church:

- 100% Refund - BEFORE June 10, 2019
- 50% Refund - AFTER June 10, 2019 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, modest swimsuit, flashlight, rain gear, reusable water bottle, closed-toed shoes 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.

CAMPS

~ 2019 ~

CAMP IMPACT

(7th - 12th grades) June 17th – 21st

Speaker:

Check In: 5:30 - 7:00 pm - June 17, 2019

Pick Up: 1:00 pm - June 21, 2019

CLC CAMP

(4th - 6th grades) June 24th – June 28th

Speaker: Rod & Vonda Snow

Check In: 2:00 pm - June 24, 2019

Pick Up: 12:00 pm - June 28, 2019

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 845 State St. Boyne City, MI 49712]
Make payable to: Manton Youth Camp.

Camper forms are due before May 20!

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

MANTON YOUTH