

PARENT INFORMATION

Camp Fees & Due Dates:

Camp Impact

- \$ 150 - BEFORE May 29 - \$165 AFTER May 29

CLC Camp

- \$ 125 - BEFORE May 29 - \$140 AFTER May 29

*No Camper Forms will be accepted after June 12, 2014.

Any questions, please contact camp directors.

- Camp Impact - Rev. Phil MacLaren, (231) 670-6301
- CLC Camp - Pastor Scott Gibbons, (231) 796-6505

Refund Policy:

- 100% Refund - BEFORE June 12, 2014
- 50% Refund - AFTER June 12, 2014 up to Camp
- NO Refund - AFTER Camp begins
- Refund Requests - Contact the Camp Director

Canteen:

- Camp Impact will receive a \$5 canteen card at registration. This \$5 is included in the camp fee.
- CLC Camp will NOT have canteen this year. CLC Camp will provide healthy snack choices instead.

Register: Give your completed form along with your payment to your youth director and/or local church.

Register Online: www.mantonchristiancamp.org

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

What to Bring: Bible, pencil, notebook, sleeping bag, camp clothes, bath towel, warm jacket, bug spray, modest swimsuit, flashlight, rain gear, reusable water bottle, and sunscreen.

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

What NOT to Bring: Mp3 or CD players, tablets, iPods, guns, fireworks, knives, cigarettes, inappropriate clothing, and bad attitudes. Items will be confiscated until the end of camp, if found.

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 One:

T-Shirt Size: (Youth) YXS YS YM YL YXL

(Adult) XS S M L XL

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.***

Please check immunizations that are current.	Please Check the health issues which are evident in your child.
<input type="checkbox"/> Hepatitis <input type="checkbox"/> Polio <input type="checkbox"/> Tetanus <input type="checkbox"/> Measles <input type="checkbox"/> Mumps	<input type="checkbox"/> Nose Bleed <input type="checkbox"/> Asthma <input type="checkbox"/> Headaches <input type="checkbox"/> Bedwetting <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Other
Date of Last Tetanus: _____	

Child does not immunize.

Please complete both sides of this form. Thank you!

Please cut along the dotted line

Keep this information for your records

Please cut along the dotted line

**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:

Child is currently not taking any medication.

If child takes medications, please list below:

Meds	Dose	Frequency	Purpose

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.

(Parent or Guardian Signature)

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)

**MANTON
YOUTH
CAMPS**

~ 2014 ~

CAMP IMPACT

(7th - 12th grades)

June 23rd - 27th

Check In: 4:00 - 7:00 pm - June 23, 2014

Pick Up: 3:00 pm - June 27, 2014

CLC CAMP

(4th - 6th grades)

June 30th - July 3rd

Drop Off: 3:00 pm - June 30, 2014

Pick Up: 12:00 pm - July 3, 2014