

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

Camp Impact again this year is offering Team Timothy. Instead of spending the week doing the normal activities, Team Timothy will be behind the scenes making sure everything is running smoothly (dishes, cleaning, serving, etc). Team Timothy will change your life!

YES! I want to be a part of Team Timothy. **NO!** I'm not interested.

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>Please check immunizations that are current.</p> <p><input type="checkbox"/> Hepatitis <input type="checkbox"/> Polio <input type="checkbox"/> Tetanus <input type="checkbox"/> Measles <input type="checkbox"/> Mumps</p> <p>Date of Last Tetanus: _____</p>	<p>Please Check the health issues which are evident in your child.</p> <p><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</p>
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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:

Meds	Dose	Frequency	Purpose

*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

Camp Impact

- Cost: \$100

CLC Camp

- \$ 115 - Early Bird Registration thru May 1, 2017
- \$ 150 - Regular Camp Cost after May 1, 2017

*Please call the Camp Director if you are submitting Camper Forms after June 12, 2017.

*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 12, 2017
- 50% Refund - AFTER June 12, 2017 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: CD players, 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

~ 2017 ~

CAMP IMPACT

(7th - 12th grades)

June 19th – 23rd

Check In: 5:30 - 7:00 pm - June 19, 2017

Pick Up: 3:00 pm - June 23, 2017

CLC CAMP

(4th - 6th grades) June 26th – June 30th

Speaker, Chalk Artist, Ventriloquist: Rod Snow

Drop Off: 2:00 pm - June 26, 2017

Pick Up: 12:00 pm - June 30, 2017

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

(OR) Register Online: www.mantonchristiancamp.org

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

