

2018 Registration for Youth Camps

Camper Name: _____

Sex: M F Grade Completed: _____ Birthdate: _____

Address: _____

City/State/Zip: _____

Home Church: _____ City: _____

CONTACT INFO: Email: _____

Home Phone: (____) _____ Cell: (____) _____

Other Emergency Contact: Name: _____ (____) _____

Desired Cabinmate: _____

(cabins will be assigned before arrival, depending on requests and cabin capacity)

HEALTH RECORD & RELEASE

Child lives with Both parents Father Mother Other _____

Father's Full Name: _____

Mother's Full Name: _____

Insurance Company: _____ Policy #: _____

Please mark any conditions which affect your child:

- ADD/ADHD Asthma Diabetes
 Bee sting allergy Epilepsy
 Food Allergy (list) Other (please list)

MEDICATIONS TAKEN REGULARLY (All meds must be in original pharmacy container, labeled with camper's name. Camp nurse will keep and administer all meds. Use extra paper if necessary. List med, dosage, time given.)

PAY WITH CREDIT CARD

Type: _____ Number: _____ Exp. Date: _____

CAMPER & PARENT/GUARDIAN: PLEASE READ BEFORE SIGNING. Parent/Guardian Consent: "I give consent for my child to receive emergency medical care if deemed necessary. I understand that camp carries secondary medical insurance only, which means claims must be submitted to my insurance carrier first. I certify that my child has permission to attend camp and participate in all activities including swimming. (Any exceptions are noted.) I realize that my camper's picture or testimony may be used in the promotion of the camp, unless I have attached written instructions otherwise. I have read and understood the policies presented in this brochure." Camper's Consent: "I have read and understood the guidelines presented in the brochure and agree to abide by the regulations of the camp."

Camper Signature & Date _____

Parent/Guardian Signature & Date _____

Which Camp?
(circle one)

Beginner - \$55

Junior 1 - \$270

Junior 2 - \$270

Jr. High - \$275

Sr. High - \$285

2018 Registration for Family Camps

Last Name: _____

Family Camp

Labor Day Weekend (LDW)

RV Site

Cabin _____

(cabin requests are not guaranteed)

All Family Members Attending:

_____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)

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Address: _____

City/State/Zip: _____

Home Church: _____ City: _____

CONTACT INFO: Email: _____

Home Phone: (____) _____ Cell: (____) _____

Emergency Contact: Name: _____ (____) _____

Camper Rates	FC	LDW
Adults (age 13+)	\$240 ea	\$135 ea
Children (age 6-12)	\$180 ea	\$105 ea
Children (5 and under)	Free	Free

Family Discount Rules:

Family Camp-
 \$875 Max. total per family (Girls side)
 \$300 Max. total per family (Boys side)
 \$500 Max. total per family RV site

LDW Retreat-
 \$525 Max. total per family
 \$275 Max. total per family RV site
 \$400 Max. total per family (Boys side)

PAY WITH CREDIT CARD

Type: _____ Number: _____ Exp. Date: _____

Cost of Camp	\$
\$5.00 - Early Bird Discount (If postmarked by 5/16/18)	\$
\$15.00 - New Friend (Must attend week camp as your child)	\$
Friend(s) Name:	\$
\$20.00 — Family Discount Family with 3 or more may deduct \$20 for each camper starting with camper #1 Example: 3 campers deduct \$60 from your total (Youth camps only)	\$
+ Late Fee (\$30.00 if not registered 2 weeks prior to camp)	\$
Total Cost of Camp	\$
Registration — Amount Enclosed \$40 Per camper, \$10 Per Beginner fee required	\$
= Balance Due on Arrival	\$

Total Adults ____ x \$ ____ =	\$
Total Children ____ x \$ ____ =	\$
Total Children (5 and under) ____ =	free
— Family Discount (see rules)	\$
Total Cost of Camp	\$
— Rollover from last year	\$
— Amount Enclosed (\$125 registration fee required)	\$
= Balance Due on Arrival	\$

If you would like us to figure your family discount or total amount due, just let us know. We're happy to help! Feel free to contact us at 309-367-4631 or manitoumi@mtco.com.