

2019 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: _____ **Shirt Size:** Adult, Youth - S M L XL Other
(cabins will be assigned before arrival, depending on requests and cabin capacity)

HEALTH RECORD & RELEASE

Father's Name: _____ **Mother's Name:** _____

Child Lives with: _____

Medical & Release

Ins. Co. _____
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

Cost of Camp	\$
\$10.00 Early, Early Bird Discount <small>(If postmarked by 4/15/19 and paid in full)</small>	
\$5.00 - Early Bird Discount <small>(If postmarked by 5/15/19)</small>	\$
\$20.00 — Family Discount <small>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)</small>	\$
+ Late Fee <small>(\$30.00 if not registered 2 weeks prior to camp)</small>	\$
Total Cost of Camp	\$
Registration — Amount Enclosed \$40 Per camper, \$10 Per Beginner fee required	\$
= Balance Due on Arrival	\$

Which Camp?
(circle one)

- Beginner - \$60
Junior 1 - \$280
Junior 2 - \$280
Jr. High - \$285
Sr. High - \$295

2019 Registration for Family Camps

Last Name: _____

- Family Camp RV Site
 Labor Day Weekend (LDW) 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-
\$900 Max. total per family
\$500 Max. total per family RV site

LDW Retreat-
\$550 Max. total per family
\$275 Max. total per family RV site

PAY WITH CREDIT CARD

Type: _____ Number: _____ Exp. Date: _____

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 <small>(\$125 registration fee required)</small> \$
= 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.