

## 2020 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)

FREE Shirt Size: (circle) Adult or Youth - S M L XL Other \_\_\_\_\_

### 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

**Which Camp?**  
(circle one)

Beginner - \$65

Junior 1 - \$285

Junior 2 - \$285

Jr. High - \$290

Sr. High - \$295

## 2020 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+)	\$245 ea	\$140 ea
Children (age 6-12)	\$185 ea	\$110 ea
Children (5 and under)	Free	Free

#### Family Discount Rules:

**Family Camp-**  
 \$925 Max. total per family  
 \$500 Max. total per family RV site

**LDW Retreat-**  
 \$575 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)	\$
<b>Total Cost of Camp</b>	<b>\$</b>
— Rollover from last year	\$
— Amount Enclosed ((\$125 registration fee required)	\$
<b>= Balance Due on Arrival</b>	<b>\$</b>

*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.*