

## 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 - \$290

Junior 2 - \$290

Jr. High - \$295

Sr. High - \$300

## 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+)	\$250 ea	\$145 ea
Children (age 6-12)	\$190 ea	\$115 ea
Children (5 and under)	Free	Free

#### Family Discount Rules:

**Family Camp-**  
 \$950 Max. total per family  
 \$500 Max. total per family RV site

**LDW Retreat-**  
 \$600 Max. total per family  
 \$275 Max. total per family RV site

### PAY WITH CREDIT CARD

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

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