

Please mail completed form to:

Camp Maranatha
PO Box 53
Ila, GA 30647

2010 SUMMER CAMP REGISTRATION FORM

FOR OFFICE USE ONLY

Date _____
Paid: _____
Check #: _____
Cash: _____
T-Shirt Paid _____
Donation: _____
Complete: _____
Entered: _____

CAMP MARANATHA

Campers Name _____ M/F _____ Birth _____

Address _____

City _____ State _____ Zip Code _____ Age _____ Grade _____

Fathers/ Guardian Name _____ Fathers Cell _____

Mothers/ Guardian Name _____ Mothers Cell _____


Home Phone _____ Emergency # _____

Camper is Living With: Father _____ Mother _____ Both _____ Other _____

Home Church _____ Number Summers Attended _____

CAMP WEEKS I WISH TO ATTEND:	DATE:	AGE:
__ JR Girls W1	June 7-12	9-11
__ JR Boys W2	June 14-19	9-11
__ JR Girls W3	June 21-26	9-11
__ JR Boys W4	June 28-July 3	9-11
__ INT Girls W5	July 5-10	11-13
__ INT Boys W6	July 12-17	11-13
__ INT Girls W7	July 19-24	11-13
__ Teen Retreat W8	August 27-28	14-16

SUMMER T-SHIRT ORDER FORM



Campers shirt will be ordered the week camper attends. Payment must be made before shirt is ordered. All t-shirts are \$12.

Please indicate size below:

Youth:
Small ___ Medium ___ Large ___

Adult:
Small ___ Medium ___ Large ___ X-Large ___

Please Send Payment with this form

What to bring: Bible (if you don't have one we can provide one), sleeping bag, pillow, towel and soap, personal items, swim suit, spending money for Happy Hut, clothes for five days, 2 pair of shoes, and **1 can of shaving cream (non-menthol).**

Clothing: Long pants are recommended for horse back riding. **Close toed shoes must be worn to ride horse's.** Please do not bring immodest clothing. Shorts and skirts must be knee length. (No tank tops or bare midriffs.) Please do not bring clothing that has slogans or pictures in bad taste. Clothing or other personal items should be marked for identification in case of loss.

What not to bring: Do not bring fireworks, tobacco, weapons of any kind, alcohol, magazines, radios, CD players, I Pods, video games, **CELL PHONES**, or other valuables. Campers will not be allowed to lend or borrow from other campers. *Camp Maranatha will not be held responsible for lost or stolen valuables or money.* Campers have access to a phone for emergencies only!

Parents: We do ask that campers do not have guest's during the week. If there is an emergency, please contact the office at (706)789-3303. Thank you for your understanding in this matter.

Registration: The registration donation is \$5.00 per camper, to be paid when sending the application. Reservations will be made at the time the application is received and will be acknowledged by post card. **Make sure all information is legible, complete, and all signatures are present, or it will not be accepted.** We can only allow 1 week per child.

Arrival/ Departure: Check-in begins at 9:30 am Monday of each week. Reservations will be canceled as of 11:00am. Dismissal will be 9:00am Sat. morning. Child must be checked out with counselor at Lodge.

Camper must be Checked out by person listed below:

Name: _____ **Relation:** _____

MEDICAL INFORMATION

Is camper covered by family medical/hospital insurance? ___ Yes ___ No Date of last tetanus shot _____
If so, indicate carrier of plan name _____ Group # _____

• **Please attach photocopy of front and back of health insurance card to this form.**

In case of emergency contact _____ Relationship _____
Phone # (D) _____ (E) _____ Cell _____

ALLERGIES– List all known (Attach additional pages for more info if needed)

* **Medical allergies** _____

* **Food allergies** _____

* **Other allergies** _____

MEDICATIONS

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Whatever medicine brought to camp please keep in the original packaging. ALL medicine must be turned in to the camp nurse upon arrival.

___ Camper takes NO medications.

___ This camper takes medications as follows:

* Med #1 _____ Dosage _____ Times taken _____

Reason for taking _____

*Med #2 _____ Dosage _____ Times taken _____

Reason for taking _____

If camper complains if illness, he/she can take (check all permissible):

___ Acetaminophen (Tylenol) ___ Ibuprofen (Advil) ___ Benadryl ___ Cough Syrup (Robitussin) ___ Tums

RESTRICTIONS

Please list any restrictions to activity or diet for this camper: _____

Please provide any additional information about campers behavior and physical, emotional, or mental health we should be aware of _____

RELEASE STATEMENT

(Must be signed and completed)

PARENT/GUARDIAN AUTHORIZATION & LIABILITY RELEASE

The person described has permission to engage in all camp activities. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Camp Maranatha to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, and to order injection, anesthesia or surgery for camper. I hereby release and discharge Camp Maranatha, its officers, directors, and employees from any claims, causes of action, cost, obligations, or financial responsibility resulting from or arising out of any incident, injury or accident occurring while this camper is attending Camp Maranatha.

Signature of Parent/Guardian _____ **Print** _____ **Date** _____

Photo Release

I give Camp Maranatha permission for any photos or videos taken of my myself/my child for the duration the stay to be used at Camp Maranatha's discretion in any of their promotional venues.

Signature of Parent/Guardian _____ **Print** _____ **Date** _____

Camper Agreement

I have carefully read the Camp Information, and I agree to comply in all areas. I understand that violation of these areas may result in my dismissal from camp.

Camper Signature _____ **Date** _____

This form MUST be filled out completely front and back or it will not be accepted