

# Camp Carl :: Summer 2018 :: Registration Form

**Please print.** Registrations will be accepted until all weeks are full. Each child requires a separate registration form for each week.

Full Name \_\_\_\_\_ Male  Female

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home ( ) \_\_\_\_\_ **Circle T-Shirt Size: Youth ▶** S M L **Adult ▶** S M L XL XXL

Age \_\_\_\_\_ Full Birthdate \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_ School \_\_\_\_\_

Church \_\_\_\_\_ Children's or Youth Pastor \_\_\_\_\_

Child resides with \_\_\_\_\_

Custodial parent is:  Mother  Father  Both/Shared  Other \_\_\_\_\_

## PLEASE COMPLETE THE FOLLOWING HEALTH REPORT (A physician's signature is NOT required.)

*Check any of the following conditions that apply to the registrant. In the space provided, please add any information that you believe would be helpful:*

**Medical Conditions:**  Asthma  Bed Wetting  Diabetes  Seizures  Sleepwalking  Other

**Explain Other:** \_\_\_\_\_

**Allergies:**  Hay Fever  Insect Stings  Ivy Poisonings  Pain Killers  Penicillin  Sulfa  Other

Describe Allergic Reaction: \_\_\_\_\_

**Additional Medical Information:** ALL MEDICATION MUST BE IN ORIGINAL CONTAINERS

Medication(s): \_\_\_\_\_

Medication(s): \_\_\_\_\_

**Special Diet or Food Restrictions:** \_\_\_\_\_

**Date of Last Tetanus Shot:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Special Problems or Conditions:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Date of Camp Week:** \_\_\_\_\_

## PARENT / GUARDIAN

Name \_\_\_\_\_

Address:  Same as child  Other

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 ( ) \_\_\_\_\_  H  C  W

Phone 2 ( ) \_\_\_\_\_  H  C  W

Email \_\_\_\_\_

## PARENT / GUARDIAN

Name \_\_\_\_\_

Address:  Same as child  Other

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 ( ) \_\_\_\_\_  H  C  W

Phone 2 ( ) \_\_\_\_\_  H  C  W

Email \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Phone 1 ( ) \_\_\_\_\_  H  C  W

Phone 2 ( ) \_\_\_\_\_  H  C  W

## INSURANCE

Is your child covered by medical insurance?  Yes  No

*If insured, please provide:*

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

# Camp Carl : Summer 2018

Camper Name \_\_\_\_\_

Group Name, if applicable \_\_\_\_\_

**NOTE: Each child requires a separate registration form for each week.**



## FOR ALL CAMPER: ACTIVITY RELEASE

▶ **ACTIVITIES:** Please be advised that my child is to wear a safety helmet while riding horses and participating in high ropes activities. I affirm that my child is in good health and is not under a physician’s care for any undisclosed condition that bears upon his or her fitness to participate in horseback riding, high ropes, initiatives, or other camp-sponsored activities. I recognize that each participant must assume the risk of physical injury that could result from any of these activities. I release The Chapel/Camp Carl, its staff members, and Board of Trustees from any liability for injury to my child from participation in these activities.

▶ **HEALTH:** For the protection of all campers, campers with lice are unable to be retained on the premises.

▶ **PARENTAL MEDIA CONSENT:** I also realize that digital media of my camper or testimony may be used in the promotion of Camp Carl.

Yes  No I give my permission for my child to participate in the above activities.

Yes  No I give Camp Carl permission to contact my child’s church or the local church community with information regarding spiritual decisions.

Yes  No I give Camp Carl permission to dispense the prescribed amount of Tylenol, Advil, or Benadryl to campers as needed.

▶ **ANY RESTRICTIONS:** \_\_\_\_\_  
\_\_\_\_\_

▶ **MEDICAL AUTHORIZATION:** I hereby authorize qualified camp personnel to give emergency medical care and determine the need for a physician’s service. I understand that every attempt will be made to contact me before treatment is rendered. I recognize that the camp carries coordinated accident insurance, which is secondary to my insurance, and it is my responsibility to submit all medical billings to my personal insurance company for payment.

\* **SIGNATURE OF PARENT/ LEGAL GUARDIAN:** *Please print full name of parent/legal guardian:* \_\_\_\_\_  
\* *Must be signed* \_\_\_\_\_ **Date:** \_\_\_\_\_

## Camp Fee Calculation

- \$ \_\_\_\_\_ **Camp Fee**
- \$ \_\_\_\_\_ **Electives Fee** (See “Electives.”)
- \$ \_\_\_\_\_ **Total Fee Due**
- \$ \_\_\_\_\_ **Total Fee Enclosed\*\***
- \$ \_\_\_\_\_ **Balance Due**

\*\*A non-refundable deposit of \$50 is due at the time of registration. The deposit is included in the total camp fee.

Make checks payable to **Camp Carl** and mail to:  
**Camp Carl**  
8054 Calvin Rd.  
Ravenna, Ohio 44266

**For questions, call**  
**330.315.5665**  
**Register ONLINE at [CampCarl.life](http://CampCarl.life)**

Camper Name \_\_\_\_\_ Group Name, if applicable \_\_\_\_\_

Please check  your camp and week preference below. Each child requires a separate registration form for each week.

AGE GUIDELINE FOR ALL CAMPS		DAY CAMP: Entering Grades 1–5		ELEMENTARY SCHOOL: Entering Grades 3–6		MIDDLE SCHOOL: Entering Grades 6–8		HIGH SCHOOL: Entering Grades 9–12		
ADVENTURE CAMPS	COST	June 10–15	June 17–22	June 24–29	July 2–6	July 8–13	July 15–20	July 22–27	July 29 – August 3	August 5–12
<b>WILDERNESS ADVENTURE TRIPS</b> Limited to 12 campers/week SUNDAY – FRIDAY	<b>\$550</b>			<input type="checkbox"/> HOCKING HILLS, OH High School			<input type="checkbox"/> NEW RIVER GORGE, WV High School	<input type="checkbox"/> RED RIVER GORGE, KY High School		
LOW DIFFICULTY: Hocking Hills, OH   MODERATE DIFFICULTY: New River Gorge, WV and Red River Gorge, KY										

FATHER & SON WEEKEND ADVENTURE TRIPS	COST	June 15–17	June 22–24	June 29–July 1	July 13–15	July 20–22	July 27–29	August 3–5
<b>OHIO PYLE, PA</b> Limited to 12 campers/week FRIDAY – SUNDAY [MODERATE DIFFICULTY]	<b>\$200 per camper</b>	<input type="checkbox"/> Ages 12 & Up						
<b>HOCKING HILLS, OH</b> Limited to 12 campers/week FRIDAY – SUNDAY [LOW DIFFICULTY]	<b>\$150 per camper</b>							<input type="checkbox"/> Ages 7–12

## Ready to explore and be challenged?

Be prepared, this might be the most exciting and challenging week of summer camp you've experienced. Adventure Trips are geared toward those looking to conquer their fears and improve their outdoor skills while encountering God's awesome creation. Each trip will have a different level of difficulty and a unique combination of activities for you to learn about and try. Some trips require good fitness and previous experience as they will be difficult for a first-timer. Adventure Trips will be sure to challenge you physically and spiritually as we spend time discovering God in the incredible landscapes He's created.

**Visit [CampCarl.life](http://CampCarl.life) for more information.**



## PACKING LIST

Since a portion of this trip will be backpacking, a few important items will be necessary that might not be for a normal week of camp. We will supply backpacks, tents, foam pads for sleeping, first aid kits and all other specialty items.

For items you will be bringing backpacking, smaller and lighter is better. Plan for cold water and a chilly start to the morning white water rafting. Avoid cotton shirts and try to bring warm, quick drying materials. Here are some items specific to the adventure trip you'll want to bring.

## Backpacking Items

- Warm Sleeping Bag
- Small Pillow (Optional)
- Sturdy Hiking Shoes or Boots
- Lightweight long pants or long socks for hiking
- Rain Jacket or a packable Poncho
- Toiletries and Towel
- Bug Spray and Sun Screen

## White Water Rafting Items

- Signed rafting waiver (attached to email and available at camp check in)
- Swimsuit
- Nylon or old shorts, no jeans or sweat pants.
- Water shoes, sandals with straps, old tennis shoes.
- Dry clothes and towel for after the river
- Recommended: Under Armor or similar long sleeve top & leggings
- (Optional) Sunglasses w/ glasses strap