

# 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 CAMPERS: 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 \_\_\_\_\_ Grade Entering (Fall 2018) \_\_\_\_\_

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

<h2 style="margin: 0;">Elementary DAY CAMP</h2>					
<h3 style="margin: 0;">ENTERING GRADES 1–5</h3>					
CLASSIC CAMPS (Monday–Thursday)	June 18–21	June 25–28	July 2,3,5,6	July 16–19	July 23–26
DAY CAMP	<input type="checkbox"/> \$225 <i>NO OVERNIGHT</i>	<input type="checkbox"/> \$225 <i>NO OVERNIGHT</i>	<input type="checkbox"/> \$250 <i>OPTIONAL OVERNIGHT THURSDAY NIGHT</i>	<input type="checkbox"/> \$225 <i>NO OVERNIGHT</i>	<input type="checkbox"/> \$225 <i>NO OVERNIGHT</i>
<p><b>DAY CAMP OVERNIGHT THURSDAY NIGHT – JULY 5:</b></p> <input type="checkbox"/> Yes, I <b>WILL</b> be staying overnight on Thursday. <input type="checkbox"/> No, I will <b>NOT</b> be staying overnight on Thursday.					

**Day Campers** get to enjoy the great outdoors by themselves during this special week, which includes an optional overnight stay (during the week of July 2–6). This exclusive experience is designed to give our youngest campers the chance to have a great time, make lifelong friendships, and fall in love with camp — all while gaining confidence away from home.

**Here’s What You Get:**

- ▶ 4 Days
- ▶ Optional 1 night (July 2–6 only)
- ▶ 6 meals included if spending the night
- ▶ 4 Small Group teaching and discussion sessions to nurture spiritual, relational, and emotional growth
- ▶ 20 hours of fun activities (Lake Inflatables, Boating, Archery, Swimming, Horses, and more!)
- ▶ 5:1 Camper to Counselor ratio
- ▶ Camp Carl T-Shirt
- ▶ 1 creative campwide evening of activities
- ▶ 1 evening: “Clubs” where campers will hear about Jesus Christ’s forgiveness and love in a relevant age appropriate way

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

## Camp Carl Housing:

Every attempt will be made to honor cabin mate requests; however, you and your friend must mutually request each other. We reserve the right to split large groups of more than five friends.

**NAME(S) OF CABIN OR YURT MATE (only 2):**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

## Day Camp Shuttle

**Choose ONE drop-off / pick-up location:**

- Camp Carl
- Akron Campus (Fir Hill Entrance)
- Green Campus (Door A)

For the safety of our campers, if you choose to utilize the shuttle service, your camper must ride the bus every day both ways. We cannot accommodate changes to the schedule.

**Drop-Off / Pick-up Locations:**

The Chapel Akron Campus  
135 Fir Hill  
Akron, OH 44304

The Chapel Green Campus  
1800 Raber Rd.  
Uniontown, OH 44685

July 2–6  
Drop-off time: 8am  
Pick-up time: 6pm