

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

Camper Name _____ Group Name, if applicable _____

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

Camp Carl Electives

Enter the fee for your elective under "Camp Fee Calculation."

Elementary • Middle School • High School THEMED CAMPS											
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			Optional Electives Available:
THEMED CAMPS (Sunday–Friday)	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	
SOCCER CAMP (Limited to 30 campers/week)	\$525		<input type="checkbox"/> Middle School	<input type="checkbox"/> Elementary School		<input type="checkbox"/> Middle School					YES
GOLF CAMP (Limited to 12 campers/week)	\$525		<input type="checkbox"/> Middle School			<input type="checkbox"/> Middle School	<input type="checkbox"/> Elementary School				YES
BASKETBALL CAMP (Limited to 12 campers/week)	\$525		<input type="checkbox"/> Middle School			<input type="checkbox"/> Middle School	<input type="checkbox"/> Elementary School				YES
WRANGLER IN TRAINING CAMP (Limited to 3 campers/week)	\$200		<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School (Day Camp Week, July 2,3,5,6)*	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School	NO
HORSE / EQUINE CAMP (Limited to 12 campers/week. 8 minimum)	\$525	<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Elementary School, Ages 8–9		<input type="checkbox"/> Middle School	<input type="checkbox"/> Elementary School, Ages 10 & up	<input type="checkbox"/> Elementary & Middle School, Ages 10 & up			YES
HIGH SCHOOL HORSE TRAIL CAMP (Limited to 12 campers/week)	\$550								<input type="checkbox"/> High School		NO
SKIING CAMP (Limited to 8 campers/week. 4 minimum)	\$550	<input type="checkbox"/> High School	<input type="checkbox"/> Middle School			<input type="checkbox"/> Middle School					YES
Middle School BASE CAMP (Limited to 12 campers/week)	\$450		<input type="checkbox"/> Middle School			<input type="checkbox"/> Middle School					YES
High School Leadership CREW CAMP (Limited to 10 campers/week)	\$125		<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School (Day Camp Week, July 2,3,5,6)*	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School	NO

* WRANGLER IN TRAINING CAMP and High School CREW CAMP: Day Camp Week (July 2,3,5,6) – Optional overnight on Thursday night.

Elementary Electives (Entering grades 3-6)

Western Horse Trail Ride & Dinner Package: \$30

Choose only one of the following:

Swimming Lessons: \$30

Fishing: \$15

Pottery Wheel Clay Building: \$25

Middle School Electives (Entering grades 6-8)

Western Horse Trail Ride & Dinner Package: \$30

Choose only one of the following:

Swimming Lessons: \$30

Fishing: \$15

Pottery Wheel Clay Building: \$25

Grill Master: \$30

Guitar Lessons: \$20

Paintball: \$25

High School Electives (Entering grades 9-12)

Western Horse Trail Ride & Dinner Package: \$30

Choose only one of the following:

Swimming Lessons: \$30

Fishing: \$15

Pottery Wheel Clay Building: \$25

Grill Master: \$30

Guitar Lessons: \$20

Extra Paintball: \$25 (One session of paintball is included.)

Campers can choose both Western Dinner and one additional elective. Western Dinner is in the evening. All other electives are after lunch at the same time.

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) _____