

Camp Carl : Summer 2017 : 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

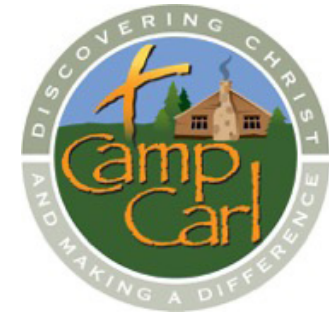
Is your child covered by medical insurance? Yes No

If insured, please provide:

Insurance Carrier: _____

Policy #: _____

Camp Carl : Summer 2017



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.")
 -\$ _____ **Sibling Discount***
 -\$ _____ **Ministry Discount***
 \$ _____ **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.

***PRICING & DISCOUNTS (for Siblings & Ministry):**

Child #1 = Full price

Child #2 = Full price

Child #3 = \$100 discount off the full price

Additional children = \$150 discount off the full price

Ministry Discount = \$100 discount off the full price (if a parent or guardian is in full-time ministry)

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."

CLASSIC OVERNIGHT CAMP • THEMED CAMPS • ADVENTURE TRIPS									
AGE GUIDELINE FOR ALL CAMPS ▶	DAY CAMP: Entering Grades 1-5			ELEMENTARY CAMP: Entering Grades 3-6		MIDDLE SCHOOL: Entering Grades 6-8		HIGH SCHOOL: Entering Grades 9-12	
CLASSIC OVERNIGHT CAMPS (Sunday-Friday)	June 11-16	June 18-23	June 25-30	July 2-7	July 9-14	July 16-21	July 23-28	July 30 - August 4	August 6-11
Day Camp (Girls & Boys entering grades 1-5): \$250	Day Camp is on Monday, Wednesday-Friday. (Thursday overnight is optional, but highly recommended!)			July 3, 5-7 <input type="checkbox"/> \$250 Day Camp	Day Camp Overnight Thursday, July 6 <input type="checkbox"/> Yes, I WILL be staying overnight on Thursday. <input type="checkbox"/> No, I will NOT be staying overnight on Thursday.				
6-Day Classic Overnight Camp (Sunday-Friday): \$450	<input type="checkbox"/> \$450 Middle School	<input type="checkbox"/> \$450 Elementary	<input type="checkbox"/> \$450 Elementary SOLD OUT!		<input type="checkbox"/> \$450 High School	<input type="checkbox"/> \$450 Elementary	<input type="checkbox"/> \$450 Middle School	<input type="checkbox"/> \$450 Elementary	<input type="checkbox"/> \$450 Middle School
4-Day Classic Overnight Camp (Sunday-Wednesday): \$300						July 16-19 <input type="checkbox"/> \$300 Elementary	July 23-26 <input type="checkbox"/> \$300 Middle School		
3-Day Classic Overnight Camp (Wednesday-Friday): \$250						July 19-21 <input type="checkbox"/> \$250 Elementary	July 26-28 <input type="checkbox"/> \$250 Middle School		
THEMED CAMPS (Sunday-Friday)	June 11-16	June 18-23	June 25-30	July 2-7	July 9-14	July 16-21	July 23-28	July 30 - August 4	August 6-11
Horse Equine Camp (12 MAX each week): \$500	<input type="checkbox"/> \$500 Middle School	<input type="checkbox"/> \$500 Elementary	<input type="checkbox"/> \$500 Middle School	<input type="checkbox"/> \$500 Elementary	<input type="checkbox"/> \$500 High School			<input type="checkbox"/> \$500 Middle School	<input type="checkbox"/> \$500 Elementary
Ski Camp (6 MAX each week): \$550	<input type="checkbox"/> \$550 Middle School				<input type="checkbox"/> \$550 High School				
BASE Camp (12 MAX each week): \$450	<input type="checkbox"/> \$450 Middle School				<input type="checkbox"/> \$450 High School			<input type="checkbox"/> \$450 Middle School	
Teen CREW Camp (10 MAX each week): \$100	<input type="checkbox"/> \$100 High School	<input type="checkbox"/> \$100 High School	<input type="checkbox"/> \$100 High School	<input type="checkbox"/> \$100 High School	<input type="checkbox"/> \$100 High School	<input type="checkbox"/> \$100 High School	<input type="checkbox"/> \$100 High School	<input type="checkbox"/> \$100 High School	<input type="checkbox"/> \$100 High School
ADVENTURE TRIPS (High School) (12 MAX each week): <i>Price Varies</i>		<input type="checkbox"/> \$550 Hocking Hills	<input type="checkbox"/> \$550 Ohio Pyle	<input type="checkbox"/> \$550 Red River Gorge		<input type="checkbox"/> \$500 West Branch Horse Camping			<input type="checkbox"/> \$500 West Branch Horse Camping

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.

Day Camp Shuttle (Entering grades 1-5)

Choose one drop off/pick-up location:

Camp Carl

Akron Campus (Fir Hill Entrance)

Green Campus (Door A)

Wadsworth (under the canopy)

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.

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) _____