

Camp Carl :: Summer 2021 :: 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 (REQUIRED) _____

PARENT / GUARDIAN

Name _____

Address: Same as child Other

Street _____

City _____ Zip _____

Phone 1 () _____ H C W

Phone 2 () _____ H C W

Email (REQUIRED) _____

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 2021

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 _____ Grade Entering (Fall 2021) _____

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

 Elementary DAY CAMP <i>(Entering Grades 1-5)</i>							
June 14-17	June 21-24	June 28-July 1	July 5-8	July 12-15	July 19-22	July 26-29	August 2-5
Monday-Thursday	Monday-Thursday	Monday-Thursday	Monday-Thursday	Monday-Thursday	Monday-Thursday	Monday-Thursday	Monday-Thursday
<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
WE NO LONGER OFFER AN OVERNIGHT OPTION FOR DAY CAMP.							

Day Campers get to enjoy the great outdoors by themselves during this special week. 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 9am-5pm (We no longer offer the overnight option for Day Camp.)
- ▶ 4 lunches and 4 snacks included
- ▶ 4 Small Group teaching and discussion sessions to nurture spiritual, relational, and emotional growth
- ▶ 20 hours of fun activities (Lake Inflatables, Boating, Archery, Swimming, Horseback Riding, and more!)
- ▶ 6:1 Camper to Counselor ratio
- ▶ Camp Carl T-Shirt

Visit 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 TIME 8AM & PICK-UP TIME 6PM. SPACE IS LIMITED.

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