

Camp Carl :: Summer 2022 :: 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 2022

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 2022)

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

 High School LEADERSHIP 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		
LEADERSHIP CAMPS	COST	June 12–17	June 19–24	June 26–July 1	July 3–8	July 10–15	July 17–22	July 24–29	July 31–Aug 5	August 7–12
WRANGLER IN TRAINING CAMP (Limited to 3 campers/week)	\$250	<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	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School
LEADERSHIP CREW CAMP (Limited to 10 campers/week)	\$250	<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	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School	<input type="checkbox"/> High School

The Crew

All Crew campers can expect to learn valuable lessons in hard work, team work, and service to those around them. The Crew works under the direction of Camp Carl summer staff and plays a crucial role in the upkeep, appearance, ministry, and outreach of Camp Carl. All necessary training is provided.

Limited to 10 campers per week.

Camp Carl will do a serving assessment for every Leadership Crew member after each week to help their personal development.

Wrangler In Training (WIT)

Looking to someday work on staff at Camp Carl as a Wrangler? This training will help equip you with the knowledge and skills beneficial to one day join our summer staff. This camp operates under the direction of our Barn Manager and assists our wranglers in caring for the horses, cleaning and maintaining the barn, and helping to lead campers on trail rides. Additionally, Camp Carl wrangler staff will do an assessment of every WIT for their personal development.

Here's What You Get:

- ▶ 6 Days, 5 Nights
- ▶ 15 meals included
- ▶ 40 hours of serving camp or 40 hours of serving in the horse barn
- ▶ 5 Small Group Sessions to nurture spiritual growth
- ▶ 5 solo devotional times to encourage the crew to grow in their relationship with God
- ▶ 5+ hours of other fun activities (Swimming, Paddle Boarding, etc.)
- ▶ 5:1 Camper to Counselor ratio
- ▶ Camp Carl Crew or Wrangler In Training T-Shirt
- ▶ 5 evening worship sessions where campers will hear about Jesus Christ's forgiveness and love

Visit CampCarl.life for more information.