

Camper Name _____ Group Name, if applicable _____

Please check camp and week preference below.

Children's	Explorer Camp ▶ (Monday–Thursday) Grades ▼	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	
	Explorer Camp: Girls & Boys	1–4	<input type="checkbox"/> \$150	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185	<input type="checkbox"/> \$185
Children's	ALL other camp weeks ▶ Grades ▼	June 13–18	June 20–25	June 27–July 2	July 4–9	July 11–16	July 18–23	July 25–30	August 1–6	August 8–13
	Children's Overnight: Girls	4–6	<input type="checkbox"/> \$270	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	
	Children's Overnight: Boys	4–6	<input type="checkbox"/> \$270	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	
Teen Camp	Middle School	6–8	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310	<input type="checkbox"/> \$310		<input type="checkbox"/> \$310		<input type="checkbox"/> \$310	<input type="checkbox"/> \$270
	Girls at Outpost	6–8		<input type="checkbox"/> \$325 <i>Over The Edge</i>			<input type="checkbox"/> \$325 <i>The Rapids</i>			
	Boys at Outpost	6–8		<input type="checkbox"/> \$325 <i>Over The Edge</i>		<input type="checkbox"/> \$325 <i>The Rapids</i>				
	High School	9–12	<input type="checkbox"/> \$270			<input type="checkbox"/> \$310		<input type="checkbox"/> \$310		
	Stepping It Up, Step 1*	10–12	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
	Stepping It Up, Step 2**	10–12		<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
	Stepping It Up, Step 3***	10–12		<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
HCC	HCC Day Camp (Private Camp)	1–3								<input type="checkbox"/> \$150
	HCC Overnight Camp (Private Camp)	4–6								<input type="checkbox"/> \$275

<input type="checkbox"/> The Verge: Explorer Camp	<input type="checkbox"/> Frontier Camp: Explorer Camp	<input type="checkbox"/> Submerge: Explorer Camp
<input type="checkbox"/> Wild West Camp (stay in cabins): Children's Overnight	<input type="checkbox"/> Extreme Camp (stay in cabins): Children's Overnight	<input type="checkbox"/> Splash Camp (stay in cabins): Children's Overnight
<input type="checkbox"/> The Edge: Middle School	<input type="checkbox"/> H ₂ O Camp: Middle School	<input type="checkbox"/> Camp Retro: Middle School
<input type="checkbox"/> The Crux: High School	<input type="checkbox"/> The Undertow: High School	<input type="checkbox"/> Reverb Camp: High School

Middle School and High School: Boys stay in yurts; girls stay in cabins.

HOUSING:

Teen camp boys housed in yurts; Children's camp boys housed in cabins. 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) _____

Camp Fee Calculation

\$ _____ **Camp Fee**

-\$ _____ **Early Registration Discount: \$20**
(Applies if full payment is received by April 1)

-\$ _____ **Family Plan Discount: \$10**
(Applies to each child registered after the first child)

\$ _____ **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
<http://www.campcarl.org>

FOR ALL CAMPERS: ACTIVITY RELEASE

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. For the protection of all campers, campers with lice are unable to be retained on the premises. 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. I also realize that my camper's picture 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 CARL • SUMMER 2010 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 _____

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 _____

Home: () _____

Work: () _____

Cell: () _____

INSURANCE

Is your child covered by medical insurance? Yes No

If insured, please provide:

Insurance Carrier: _____

Policy #: _____

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: () _____