

CAMP CARL • SUMMER 2011 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: () _____

Camper Name _____ Group Name, if applicable _____

Please check camp and week preference below.

Housing: Children's Overnight—Boys and girls stay in cabins. • Middle School and High School—Boys stay in yurts; girls stay in cabins.

Children's Camp	Explorer Camp (Monday–Thursday) ▶		June 13–16	June 20–23	June 27–30	July 4–7	July 11–14	July 18–21	July 25–28	August 1–4	
	Grades ▼		June 13–16	June 20–23	June 27–30	July 4–7	July 11–14	July 18–21	July 25–28	August 1–4	
Explorer Camp: Girls & Boys	1–4	<input type="checkbox"/>	\$155 The Verge	\$190 The Verge	\$190 The Verge	\$155 Frontier	\$190 Frontier	\$190 Frontier	\$190 Submerge	\$190 Submerge	
ALL other camp weeks ▶		June 12–17	June 19–24	June 26–July 1	July 3–8	July 10–15	July 17–22	July 24–29	July 31–August 5	August 7–12	
Children's Overnight: Girls	4–6	<input type="checkbox"/>	\$285 Extreme	\$325 Wild West		\$285 Wild West	\$325 Wild West	\$325 Splash	\$325 Splash	\$325 Splash	
Children's Overnight: Boys	4–6	<input type="checkbox"/>	\$285 Extreme	\$325 Extreme		\$285 Extreme	\$325 Wild West	\$325 Splash	\$325 Splash	\$325 Splash	
Teen Camp	Middle School	6–8		\$325 The Edge		\$285 H ₂ O		\$325 H ₂ O		\$325 Camp Retro	\$285 Camp Retro
	Girls at Outpost	Ages 12–14			\$360 Over The Edge			\$360 The Rapids		\$325 The Radical	\$285 The Radical
	Boys at Outpost	Ages 12–14		\$360 Over The Edge		\$360 The Rapids				\$325 The Radical	\$285 The Radical
	High School	9–12				\$325 The Undertow			\$325 Reverb		
	Stepping It Up, Step 1*	10–12	<input type="checkbox"/>	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
	Stepping It Up, Step 2**	10–12			\$100	\$100	\$100	\$100	\$100	\$100	\$100
	Stepping It Up, Step 3***	10–12				\$50	\$50	\$50	\$50	\$50	\$50
HCC	HCC Day Camp (Private Camp)	1–3									\$155
	HCC Overnight (Private Camp)	4–6									\$290
Millwood	Millwood Overnight: Girls (Private Camp)	4–6			Wild West						
	Millwood Overnight: Boys (Private Camp)	4–6			Extreme						
	Millwood Middle School (Private Camp)	6–8			The Edge						
	Millwood High School (Private Camp)	9–12	<input type="checkbox"/>	The CruX							

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: \$40
(Applies if full payment is received by April 1)
 -\$ _____ Family Plan Discount: \$20
(Applies to each child if multiple siblings are registering.)
 \$ _____ **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**.



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: _____