

CAMP CARL • SUMMER 2012 REGISTRATION FORM

Please print. Registrations will be accepted until all weeks are full. Each child requires a separate registration form for each week.

Date of Camp 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: () _____

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 #: _____

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.

Explorer Camp (Monday–Thursday) Grades ▼		June 11–14	June 18–21	June 25–28	July 2–5	July 9–12	July 16–19	July 23–26	July 30–August 2	August 6–9
Explorer Camp: Girls & Boys	1–4	<input type="checkbox"/> \$155 The Verge	<input type="checkbox"/> \$195 The Verge	<input type="checkbox"/> \$195 The Verge	<input type="checkbox"/> \$155 Frontier	<input type="checkbox"/> \$195 Frontier	<input type="checkbox"/> \$195 Frontier	<input type="checkbox"/> \$195 Submerge	<input type="checkbox"/> \$195 Submerge	<input type="checkbox"/> \$155 Submerge
ALL other camp weeks Grades ▼										
Children's Overnight: Girls	4–6	<input type="checkbox"/> \$300 Extreme	<input type="checkbox"/> \$340 Wild West	<input type="checkbox"/> \$340 Wild West	<input type="checkbox"/> \$300 Wild West	<input type="checkbox"/> \$340 Wild West	<input type="checkbox"/> \$340 Extreme	<input type="checkbox"/> \$340 Splash	<input type="checkbox"/> \$340 Splash	<input type="checkbox"/> \$300 Splash
Children's Overnight: Boys	4–6	<input type="checkbox"/> \$300 Extreme	<input type="checkbox"/> \$340 Extreme	<input type="checkbox"/> \$340 Extreme	<input type="checkbox"/> \$300 Extreme	<input type="checkbox"/> \$340 Wild West	<input type="checkbox"/> \$340 Extreme	<input type="checkbox"/> \$340 Splash	<input type="checkbox"/> \$340 Splash	<input type="checkbox"/> \$300 Splash
Middle School	6–8		<input type="checkbox"/> \$340 The Edge	<input type="checkbox"/> \$340 The Edge	<input type="checkbox"/> \$300 H ₂ O		<input type="checkbox"/> \$340 H ₂ O		<input type="checkbox"/> \$340 Camp Retro	<input type="checkbox"/> \$300 Camp Retro
Girls at Outpost	Ages 12–14			<input type="checkbox"/> \$380 Over The Edge			<input type="checkbox"/> \$380 The Rapids		<input type="checkbox"/> \$340 The Radical	<input type="checkbox"/> \$300 The Radical
Boys at Outpost	Ages 12–14		<input type="checkbox"/> \$380 Over The Edge		<input type="checkbox"/> \$380 The Rapids				<input type="checkbox"/> \$340 The Radical	<input type="checkbox"/> \$300 The Radical
High School	9–12	<input type="checkbox"/> \$300 The Crux				<input type="checkbox"/> \$340 The Undertow		<input type="checkbox"/> \$340 Reverb		
Outpost						<input type="checkbox"/> \$380 Apex Camp		<input type="checkbox"/> \$380 Camp Rhyton		
Stepping It Up, Step 1*	10–12	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210
Stepping It Up, Step 2**	10–12		<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110
Stepping It Up, Step 3***	10–12			<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60

Teen Camp

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.



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):* _____)

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: _____