

Camp Marengo Registration Form 2009, page 1 of 2

Personal Information:

Camper Name: _____ Male Female
Date of Birth: _____ Age: _____ Grade (Fall 2009): _____
Mother's Name: _____ Father's Name: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Home Phone: (_____) _____
Mother's Work Phone: (_____) _____ Father's Work Phone: (_____) _____
Cell Phone: (_____) _____ Email: _____

Camp Attending:

Please check the appropriate box to indicate which week of camp your child will be attending. Campers may choose any camp for the school grade they will be completing or going into in the Fall of 2009.

- June 14-19, 2009 Junior High Camp (grades 7-9) \$147.00 July 12-17, 2009 5th and 6th Grade Camp \$147.00
- June 21-27, 2009 Senior High Camp (grades 9-12) \$163.00 July 17-18, 2009 Family Camp Weekend \$25/person
- June 28-July 3, 2009 6th and 7th Grade Camp \$147.00 July 19-22, 2009 3rd and 4th Grade Camp \$100.00
- July 5-10, 2009 4th and 5th Grade Camp \$147.00

Cabin Mate Request(s): _____

T-Shirt Size: **Adult** Small Medium Large X-large XXL **Child** Small Medium Large

Church Information:

Name of Church Camper Attends: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Church Phone: (_____) _____
Pastor's Name _____

Emergency Information:

If out of town during camp, phone number to reach parents: (_____) _____

Please list another contact in the event of an emergency and the parent/guardian cannot be reached:

Name: _____ Relationship to camper: _____
Home Phone: (_____) _____ Work Phone: (_____) _____

Pick-Up:

Please indicate who will be picking up your camper. *Please note - your child will only be released to whoever is indicated on this form or presents the pick-up card. _____

Medical Information:

Family Doctor: _____ Phone Number: (_____) _____
Health Insurance Company: _____
Primary Holder: _____ Policy Number: _____

*Please attach a copy of your child's insurance card to this registration

Medication being taken by camper (must be in original container):

Please note: Our First Aid Staff cannot administer prescription medications without the written permission of parents, guardians or physician. Please indicate name of medication, dosage, frequency, the time given including any other information necessary.

Allergies (please check all that apply):

Bee Stings Food _____ Medication _____ Other _____

Is your child subject to any of the following (please check all that apply)?

Fainting Sleepwalking Epileptic Seizures Convulsive Seizures

What was the date of your child's last Tetanus shot? _____

Any other important medical information:

Please check and initial if you give consent for our First Aid Staff to administer any of the following over-the-counter medication to your child while he/she is at camp.

For Headaches - Tylenol (Acetaminophen) Advil (Ibuprofen) For Cough - Cough Drops Robitussin

For Stomachache - Tums Pepto Bismol Mylanta Other - Benadryl (for itching, allergic reaction)

_____ Parent/Guardian Initials Antibiotic Ointment (for scrape, cut, splinter)

Consent and Liability Release:

During the camping season pictures and video are taken of campers and activities. These photos and/or video may be used for future promotional use. Please check yes or no and initial to indicate whether or not consent is given to use photos/video of your child.

Yes No _____ Parent/Guardian Initials

Special activities are offered each week of camp. Please check the activities in which you give consent for your child to participate.

Climbing Wall (all ages) Archery (not offered 3rd and 4th Grade Week) High Ropes (Junior and Senior High)

Tag Ball (Junior and Senior High) _____ Parent/Guardian Initials

I give consent for the above named camper to engage in the activities of Camp Marengo. Included in those activities are (not limited to): swimming, climbing wall, ropes course, play areas, and obstacle course events. I will not hold The Ohio Retreat Center/Camp Marengo, Ohio Ministries of the Church of God, Camp Staff or any other individual responsible for injuries incurred while participating in Camp Marengo's camping Program.

In case of medical and/or surgical emergency, I hereby give permission to the selected physician by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, X-rays, or surgery for my child as named above. I also give permission for the First Aid Staff to administer the medications indicated on this form. My signature below is evidence of my understanding of all above information.

Parent/Guardian Signature

Date

Payment and Registration Fee:

A minimum of \$40.00, non-refundable deposit is required to register your camper. Please send a check or money order along with this form made payable to "Ohio Ministries". The balance is due the first day of camp.

Please send registration to:

Melyssa Trussel
P.O. Box 177
Marengo, Ohio 43334

Registration for Junior and Senior High Camp must be postmarked by **May 26** and registration for all other camps must be postmarked by **June 14**.
Registration postmarked after those dates will be assessed a \$20 late fee.