

# CAMP MARENGO

Ohio Ministries

## Camper Registration Form 2019

Camper's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_  
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 2019.

## Camp Marengo 2019 Summer Dates

- Family Camp-----June 7-8, 2019 (Early Bird: 30\$, Regular: 35\$, At The Door: 40\$)
- Senior High Camp-----June 9-15, 2019 (Early Bird: 255\$, Regular: 270\$, At The Door: 285\$)
- Middle School Camp-----June 16-21, 2019 (Early Bird: 225\$, Regular: 240\$, At The Door: 255\$)
- Intermediate Camp-----June 23-28, 2019 (Early Bird: 225\$, Regular: 240\$, At The Door: 255\$)
- Specialty Camps-----June 23-28, 2019 (Early Bird: 255\$, Regular: 270\$, At The Door: 285\$)
- Elementary Camp Partial Week—June 30-July 2, 2019 (Early Bird: 155\$, Regular: 170\$, At The Door: 185\$)
- Elementary Camp Full Week—June 30-July 5, 2019 (Early Bird: 225\$, Regular: 240\$, At The Door: 255\$)

Cabin Mate Request(s):

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**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 \_\_\_\_\_

**Camper's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**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.

\*Note - your child will only be released to whomever 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 a 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 circle 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 circle and initial if you give consent for our First Aid Staff to administer any of the following over-the-counter medications 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

**Other**    Benadryl (for itching, allergic reaction)      Antibiotic Ointment (for scrapes, cuts, etc.)

\_\_\_\_\_ Parent/Guardian Initials

**Consent and Liability Release**

*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 1<sup>st</sup> to 4<sup>th</sup> grade weeks)

High Ropes (first 3 weeks of camp)

Paintball\* (first 3 weeks of camp) *\*Please fill out the additional release form for your child to participate in Paintball.*

\_\_\_\_\_ 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. 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. I will not hold Camp Marengo Ohio Retreat Center, 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 \$50.00, 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 and put Camp Marengo in the memo along with your camper’s name.

**Send registration to:**

Bethanne Martin  
Camp Marengo  
3480 Township Road 221  
P.O. Box 177  
Marengo, Ohio 43334  
bethanne@campmarengo

*Registration for the first 3 weeks of camp must be postmarked by **April 30<sup>th</sup>** to receive the early rate, and registration for the last 2 weeks of camps must be postmarked by **June 1** to receive the early rate.*

*For office use only:*

*Deposit received (Date)*

*Paid in full (Date)*