

# THRIVE 2018

## CAMPER REGISTRATION FORM



### OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_  Mail  
TIME RECEIVED \_\_\_\_\_  Walk-In  
DATE ENTERED \_\_\_\_\_  Fax

### CAMPER INFORMATION

Camper First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Preferred \_\_\_\_\_  
Campers Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Grade In Fall 2018 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F

### FATHER (OR GUARDIAN 1) INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Marital Status  Married  Divorced  Single  Separated  
Relation To Camper \_\_\_\_\_

### MOTHER (OR GUARDIAN 2) INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_ Marital Status  Married  Divorced  Single  Separated  
Relation To Camper \_\_\_\_\_

### EMERGENCY INFORMATION

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relation To Camper \_\_\_\_\_

Please list all names your camper may be released to at the end of the day/week. Manitouqua staff will only release campers to persons listed.

\_\_\_\_\_  
\_\_\_\_\_

### CHURCH INFORMATION

Church Name (full name) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Denomination/Organization \_\_\_\_\_

### TEE SHIRT SIZE (DAY CAMP ONLY)

Youth Small (6-8)  Youth Medium (10-12)  Youth Large (14-16)  Small  Medium  Large  XL

### HEALTH INFORMATION

HIPPA regulations require us to have your permission before disclosing any health information to the necessary camp staff.

May we disclose this information?  Yes  No

Please check all that apply...

General good health  Prone to homesickness  Behavioral conditions  Diabetes  
 Cognitive/Emotional conditions  Asthma  Recent operations  Recent injuries  
 Heart conditions  Other (Please describe) \_\_\_\_\_

Medication taken while at camp (Name & Dosage) \_\_\_\_\_

Please list all allergies (Food, Medication, Environmental, Insect Sting, Anesthesia, Other) \_\_\_\_\_

\_\_\_\_\_

### INSURANCE INFORMATION

Family Health Insurance Company \_\_\_\_\_

ID Number \_\_\_\_\_ and/or Group Number \_\_\_\_\_ Year of Last Physical \_\_\_\_\_

Year of last Tetanus Booster \_\_\_\_\_ Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

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## CAMP PROGRAM INFORMATION



God's Spirit Changing Lives  
p: 815.469.2319 Manitouqua.org

### DAY CAMP PROGRAMS

Explorer (up to 5 weeks maximum) Cost \$ \_\_\_\_\_

Week # \_\_\_\_\_  
 Week # \_\_\_\_\_  
 Week # \_\_\_\_\_  
 Week # \_\_\_\_\_  
 Week # \_\_\_\_\_

Journey  
 Encounter Day: \_\_\_\_\_  
 Extreme Sports  Paintball

Day Camp Friend Request \_\_\_\_\_

### SWIM LESSONS

1st Session # \_\_\_\_\_ 2nd Session # \_\_\_\_\_ Cost \$ \_\_\_\_\_

### OVERNIGHT PROGRAMS (REZ, KING'S, SAMs & OVERNIGHT ENCOUNTER)

Rez Session # \_\_\_\_\_  Overnight Adventure  
 King's Session # \_\_\_\_\_  
 SAM Session # \_\_\_\_\_  
 Overnight Friend Request \_\_\_\_\_

### PRE-PURCHASED ITEMS ONLY AVAILABLE ON THIS FORM, ONLINE OR AT CHECK-IN

#### Day Camp Programs - Journey, Explorer & Encounter Day Camps

Paintball: • Only available for campers entering 5th grade or older. \*Cost \$10 Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_  
• One Session of paintball during a free time period in the week.

Photo: • A photo of all campers in their day camp group. \*Cost \$5 Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_  
• For Explorer, a photo of all campers in their day camp for all weeks selected.

#### Overnight Camps - Rez, King's, Encounter Overnight & SAMs

Photo: • A photo of each cabin's campers. \*Cabin/Session \*Cost \$5 Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_  
• Preordered photos will be available to pick up at the end of the session. \*All Camp (Rez Only) \*Cost \$5 Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_

DVD: • Available for Rez and Encounter Overnight only. \*Cost \$10 Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_  
• Take home a reminder of fun at Camp! A custom made DVD will be available at weeks end.

Debit: • Available for Rez and Encounter Overnight only.  \$5 Card Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_  
• Pre-paid Punch cards good for purchases at the Camp Store and Pickle Shack.  \$10 Card Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_  
• An alternative to carrying cash. Balances can be donated to Camp or refunded at camper pickup.  \$20 Card Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_  
• Camp Manitouqua is not responsible, nor will offer a refund, for lost debit cards.

Paintball: • Available for Rez and Encounter Overnight Only. \*Cost \$10 Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_  
• Only available for campers entering 5th grade or older.  
• One session of paintball during a free time period in the week.

Theme T-shirt: • Note: A Theme T-shirt is included in the TOY box. \*Cost \$10 Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_

TOY Box: • Allow camp to deliver a "Thinking of You" box to your camper. \*Cost \$20 Qty \_\_\_\_\_ Cost \$ \_\_\_\_\_  
• Includes a Theme T-shirt, a snack, a bottle of water, a notebook with pen, and a Manitouqua novelty.

**\*\*If ordering a Theme T-shirt or TOY box, select a size:**  
 Youth Sizes:  Youth Small  Youth Medium  Youth Large  
 Adult Sizes:  Small  Medium  Large  XL

**OFFICE USE ONLY**

Date \_\_\_\_\_

Cash/CC/Ck \_\_\_\_\_

Total Amount \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Number \_\_\_\_\_  
 3-Digit Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Parent/Guardian signature, Parental Medical Consent, and Liability Release We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in all of the activities and programs. In consideration for being accepted by Manitouqua Ministries for participation in all sponsored activities, trips, and programs, we (I), being 21 years of age or older, do for ourselves and for and on behalf of our (my) child-participant do hereby release, forever discharge and agree to hold harmless Manitouqua Ministries, Inc./Camp Manitouqua and the directors thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities. Furthermore, we (I) and on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. Further, authorization and permission is hereby given to Manitouqua to furnish any necessary transportation, food and lodging for this participant, and permission is given for the use of photographs of my child for publicity purposes. The undersigned further hereby agrees to hold harmless and indemnify Manitouqua, its directors, employees and agents, for any liability sustained by Manitouqua as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. Further, we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Manitouqua. Furthermore, we (I) understand that all campers are expected to behave appropriately and follow camp policies at all times. We (I) understand that Manitouqua has disciplinary and other policies in place and will abide by such policies. We (I) understand that if the child-participant violates these policies or causes Manitouqua to change, break, or otherwise alter its policies, Manitouqua may dismiss the child-participant, deny certain activities to the child-participant, or refuse to accept the child-participant for subsequent program events solely at the discretion of the Executive Director, Program Director, or Program Coordinator. Campers dismissed from camp will NOT receive a refund. In addition, I have read and understand the additional guidelines on page 1. Unsigned forms cannot be processed. I HAVE READ AND AGREE TO ALL MANITOQUA POLICIES. Please sign & return to: Camp Manitouqua, 8122 Sauk Trail, Frankfort, IL 60423

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_