

# 2012 MCC SUMMER CAMP REGISTRATION FORM

Camper Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Camper lives with:  Both Parents  Other  
 Father  Mother  Check here if JOINT custody  
 If Other, List relationship & name \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_  
 Mom's Cell (\_\_\_\_\_) \_\_\_\_\_ Dad's Cell (\_\_\_\_\_) \_\_\_\_\_  
 Parent E-mail \_\_\_\_\_  
 Grade entering in Fall 2012 \_\_\_\_\_  
 Age at date of camp \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First time camper at MCC?  Yes  No Gender  M  F  
 Church \_\_\_\_\_  
 Pastor/Youth Worker \_\_\_\_\_  
 Choice of friend 1) \_\_\_\_\_  
 2) \_\_\_\_\_

\* Must be same gender. We cannot guarantee roommates if they are not mutual (i.e your choice(s) must also choose you.) **The largest grouping we'll put together is three.**  
 \* Day Campers: Friend must also be same grade.

### PLEASE INDICATE WEEK BELOW

- You may wish to call Merriwood to check availability before mailing form.*
- 1<sup>st</sup> Day Camp Week (rising 1st-4th grade) June 11-15 \*
  - 1<sup>st</sup> Junior Week (rising 4th-6th grade) June 18-23
  - 1<sup>st</sup> Middle School Week (rising 7th-9th grade) June 25-30
  - 2<sup>nd</sup> Day Camp Week (rising 1<sup>st</sup>-4<sup>th</sup> grade) July 2-6
  - 2<sup>nd</sup> Junior Week (rising 4th-6th grade) July 9-14 \*\*
  - Teen Leadership (rising 10th-Graduates) July 15-21 (Sun-Sat)
  - 2<sup>nd</sup> Middle School (rising 7th-9th grade) July 23-28 \*\*\*
  - 3<sup>rd</sup> Middle School (rising 7th-9th grade) July 30-Aug. 4
  - 3<sup>rd</sup> Junior Week (rising 4<sup>th</sup>-6<sup>th</sup> grade) August 6-11

\* Forsyth County schools may have snow make up days 1<sup>st</sup> Day Camp Week.  
 \*\* Limited space available in 2<sup>nd</sup> Junior Week.  
 \*\*\* Limited space available in 2<sup>nd</sup> Middle School Week.

### DAY CAMPERS ONLY:

A T-shirt is included in the cost of Day Camp Week. Please circle size:  
 Youth: S (6/8) M (10/12) L (14-16) Adult: S M

### TEEN LEADERSHIP CAMPERS: EXPEDITION DAY OPTIONS

- Rising 10<sup>th</sup> graders may choose from the **Day Hike** or **Bike Trip**.  
 Rising 11<sup>th</sup>, 12<sup>th</sup>, or **Graduating Seniors** may choose any one of the three options below. **Check one:**
- Day Hike** (easy to challenging available) –No additional charge
  - Bike Trip**—scenic downhill trek (easy-moderate) - \$25.00
  - White Water Rafting** (challenging) - \$50.00

**Note:** Limited space available in some events. Priority may be given to campers in the older grades.

## MEDICAL INFORMATION AND WAIVER

**(A doctor's physical is NOT necessary to complete this form.)**  
 Each camper must be immunized against the following:  
 Polio, Measles, Rubella, Diphtheria, Whooping Cough, Tetanus.  
 Check appropriate box:  
 Yes  No  
 Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Regular Medication Taken	Reason for Taking

Check any allergies the camper has:  
 Bee Stings  Yes  No  Has never been stung  
 Peanuts  Yes  No Other Nuts: \_\_\_\_\_  
 Penicillin  Yes  No  
 Other \_\_\_\_\_  
 Type of Reaction: \_\_\_\_\_  
 Treatment Given: \_\_\_\_\_

List any specific dietary restrictions, activities to be restricted, or any physical or mental limitations we should be aware of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## INSURANCE INFORMATION/ PARENTAL CONSENT

Name of Guardian with Insurance: \_\_\_\_\_  
 Medical Insurance Co.: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Group Number: \_\_\_\_\_

I hereby grant permission for \_\_\_\_\_ (camper's name) to attend Merriwood Christian Camp. In my capacity as parent or guardian, I hereby waive any rights that I, or said minor child, may have to sue Salem Baptist Church or any of their employees, as a result of any and all injuries, damages, or losses sustained by the mentioned minor child while participating in the camp program. I further agree to hold Merriwood Christian Camp and any of their employees harmless and to bear the cost of their legal defense if any suit of legal or equitable action is brought against any of them as a result of any and all injuries, damages, or losses suffered by the mentioned minor child while at camp. I hereby appoint administrative staff or emergency personnel on duty to act in place of parent or guardian, to hospitalize and/or secure proper treatment for, and order injection or anesthesia or surgery for named child. I understand that, if at all possible, parent(s) or guardian(s) will be notified of medical treatment beforehand. I also affirm that the medical information on this form is both complete and correct. **I understand that all payments are non-refundable and non-transferable.** I also agree that any Merriwood-sponsored pictures taken of my child while at camp may be used in print or electronic publications by Merriwood Christian Camp and its affiliates.

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

## CAMP FEES

SESSION	REQUIRED DEPOSIT	FINAL AMOUNT (due 2 months prior to camp)	TOTAL FEE
Day Camp	\$50	\$149	<b>\$199</b>
Junior	\$50	\$264	<b>\$314</b>
Middle	\$50	\$274	<b>\$324</b>
Teen	\$50	\$290	<b>\$340</b>

*Teen Week Expedition Day:  
 Additional \$25 for Bike Trip. Additional \$50 for Rafting.*

### PAYMENT OPTIONS

*You may pay in full or pay a deposit now. **All balance payments are due 2 months before the camp begin date.***  
 (Church groups—call for group rates for 10 or more and save!)

### I'M ENCLOSING:

- Required deposit of \$50.00
  - Full Camp Fee of \$ \_\_\_\_\_
  - Other Amount \$ \_\_\_\_\_
- \_\_\_\_\_ (Please initial here.) I understand that all deposits and balance payments are non-refundable and non-transferable.

### FORM OF PAYMENT

**IF CHECK:** # \_\_\_\_\_ Payment Amt. \$ \_\_\_\_\_

### Credit Card Information:

Please charge the above amount to my credit card.  
 VISA  MC  DISCOVER

Cardholder's Name \_\_\_\_\_  
 Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 House Number (Street Address) on Statement \_\_\_\_\_  
 Zip Code on Statement \_\_\_\_\_  
 Signature of Cardholder \_\_\_\_\_

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