

MERRIWOOD CHRISTIAN CAMP REGISTRATION 2020

Camper Name _____
 Address _____
 City, State, Zip _____
 Grade entering in Fall 2020 _____
 Birthdate ____/____/____ Gender M F
 Church _____
 First time camper at MCC? Yes No
 If yes, how did you hear about MCC? _____
 Camper lives with: Both Parents
 Mother Father Joint custody Other
 If Other, List relationship & name _____
 Primary Guardian Name _____
 Phone (____) _____ or (____) _____
 Secondary Guardian Name _____
 Phone (____) _____ or (____) _____
 Parent E-mail _____

PLEASE SELECT WEEK TO ATTEND:

You may wish to call Merriwood to check availability before mailing form.

Day Camps (rising 1st – 4th grade) \$244/week

- 1st Day Camp Week June 8-12 *
 * WSFCS and other schools may not be out of school yet.
 2nd Day Camp Week June 29-July 3 **
DAY CAMPERS ONLY: A T-shirt is included in the cost.
 Please circle size: Youth: S (6/8) M (10/12) L (14-16) Adult: S M

Junior Weeks (rising 4th – 6th grade) \$385/week

- 1st Junior Week June 15-20
 2nd Junior Week July 13-18
 3rd Junior Week August 3-8

Middle School Weeks (rising 7th – 9th grade) \$395/week

- 1st Middle School Week June 22-27
 2nd Middle School Week July 20-25 (d space and fills fast).
 3rd Middle School Week July 27-Aug 1

Teen Week (rising 10th- 2020 Graduates) \$410/week

- July 5-11 (Sun-Sat) (Teen Week fills up quickly!)
TEEN WEEK EXPEDITION DAY OPTIONS (Select one)
 Day Hike (moderate to challenging) – Additional \$10
 Bike Trip – (easy to moderate) – Additional \$50
 White Water Rafting (challenging) – Additional \$80
 * Rafting is only available to rising 11th grade and up.

CABIN/FRIEND REQUEST

1) _____ 2) _____

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

9640 Center Grove Church Rd., Clemmons, NC 27012 Phone (336) 766-5151
registration@campmerriwood.net www.campmerriwood.net

MEDICAL INFORMATION

(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 one: Camper is is not up to date on these immunizations.
 (Please contact the office if camper is not up to date.)

Indicate if the camper has a history or diagnosis of any of the following:

- | | |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Asthma/breathing concerns | <input type="checkbox"/> Bone or ligament damage |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Concussion(s) |
| <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Seizure(s) |
| <input type="checkbox"/> Heart concerns | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Heat-related episodes |
| <input type="checkbox"/> Depression, mood disorder or mental health concerns/diagnosis | <input type="checkbox"/> Anxiety or panic attacks |
| <input type="checkbox"/> Oppositional Defiance Disorder/Conduct Disorder | <input type="checkbox"/> PTSD |
| | <input type="checkbox"/> Focus/ADHD |
| | <input type="checkbox"/> Thoughts of hurting self or others |

Please remember we are not an exceptional needs camp and may not be able to accommodate all campers. MCC may contact you for more details to determine if MCC is a good fit for your camper. So we can have a clear understanding of your child's needs, please use the back of this paper or attach details concerning anything checked above.

Does the camper have any Life-Threatening Allergy that requires an Epi-pen? Yes No If yes, list Allergies: _____
Please use the back of this page or attach information regarding triggers and course of action to be taken if coming in contact with allergen. MCC will contact you to complete a Life Threatening Allergy Form.

Does the camper have any dietary restrictions? Yes No If yes, MCC will contact you with a Special Diet Form. Please list restrictions on back or attach details.

INSURANCE INFORMATION

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

MEDICAL WAIVER: I hereby grant permission for _____, a minor, to attend Merriwood Christian Camp ("MCC"). I, _____, hereby affirm and agree that I am the parent or legal guardian of Minor; that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of attending MCC prior to signing this release. I agree, individually and on behalf of Minor, to release and hold harmless Salem Baptist Church ("SBC"), MCC, its agents, officers, directors, employees and volunteers (collectively referred to as the "Church") from any and all liability as a result of any and all injuries, death, damages, or losses including personal property sustained by Minor while participating in MCC. I further agree to hold the Church 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, death, damages, or losses including personal property suffered by Minor while at MCC; or any injury, death, damage or loss including personal property resulting from negligence or lack of care due to the conduct of the Church. In the event Minor is injured while at MCC and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medical treatment judged necessary by the Church until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify and hold the Church harmless from any liability sustained as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment. I understand that, if at all possible, parent(s) and/or guardian(s) will be notified of medical treatment beforehand. I affirm that the medical information on this form is both complete and correct.

VIDEO/PHOTOGRAPHY WAIVER: I agree that any pictures or video taken of my child while at camp may be used in any publications for the Church and/or its affiliates. I understand that publications may be accomplished electronically via the Internet and that after publication the Church will be unable to prevent persons from gaining access to the Internet, copying these photographs and/or video, and/or using, altering, or republishing without my consent. I waive

any claim for damages against the Church for any copying, altering or republishing of these photos or videos with or without my consent.

EXCEPTIONAL NEEDS POLICY: We are not a special needs camp, nor are we able to staff specifically for special needs. Although we try to accommodate as many campers as possible, we also have to look at each unique situation and make a decision that is in the best interest of the individual, the other campers, and our staff's abilities. If your child has exceptional emotional, medical, behavioral, psychological, or physical needs and/or if they are not in a mainstreamed classroom, parents agree to call the camp office to discuss whether Merriwood is able to accommodate your camper before registering them for a camp week. Parents agree to disclose any and all information concerning the emotional, medical, behavioral, physical, and psychological needs of the child. Campers with special needs who have not completed MCC's screening process may not be allowed to attend camp. If campers have undisclosed information this could result in the camper being dismissed from the camp without refund should any issues arise. Exceptional needs include (but are not limited to) anxiety or panic attacks, depression or other mental health diagnosis, Diabetes, Autism Spectrum, Sensory Processing Disorder, Oppositional Defiance Disorder, Seizure(s), Cerebral Palsy, Down Syndrome, and suicidal/homicidal/ criminal acts.

MOBILE DEVICE POLICY: Our desire is that campers focus on the program of the camp week while in our care. Cell phones are not permitted and may be cause for dismissal without refund. Here's why: First, it's important for campers to escape from their normal habits and dependence on electronics for this one week of summer. One of Merriwood's philosophies is "Bump your comfort zone." Being able to go one week without electronics goes along with our goals. Second, safety is of utmost importance to us. If a camper has a cell phone with them, we are unable to monitor who they are communicating with, what they are communicating back and forth, or what they are seeing or hearing (text, pictures, video). Many apps are designed to be secretive and untraceable later on. While they are in our care, we are responsible for their safety, and we take this role seriously. Third, cell phones increase homesickness in campers rather than alleviating it! We desire to see campers overcome their natural fears of being away from home and gain confidence in being able to do so. Our staff are trained in dealing with homesickness. We will contact parents if a camper is unable to participate in camp activities or is upsetting other campers due to being homesick. We ask that parents support our mobile device policy by explaining these things to their children. Parents who choose to send a cell phone (or electronic watch with communication capabilities) with their child disregard the authority of the camp and in turn, teach their children that they do not need to respect authority.

PAYMENTS/REFUNDS/TRANSFER POLICY: A non-refundable, non-transferable deposit of \$75 is required to reserve your child's space in a camp week. The remaining camp fees are due two months before your camp week begins. If you are unable to pay your balance two months prior to camp, please contact the registrar to request a payment extension. If the reservation is canceled more than two months prior to the camp week, all fees paid other than the \$75 deposit will be refunded. If the reservation is cancelled less than two months, but more than one month before the camp week, 50% of the fees paid will be refunded, less the \$75 deposit. **No refund will be given if the reservation is canceled less than one month prior to the camp week.** Some exceptions may be made if there is a medical emergency or a death in the immediate family. (Verification may be required before a refund is processed.) **Final payments not made within one month of the start date will be assessed a \$25 late fee and/or may result in forfeiting the camper's space.** Transfers from one week to another are allowed as long as space is available. A \$25 Transfer Fee will be assessed. Camper cancellation insurance now available. See details in online registration portal.

I have read these policies, understand them, and agree to abide by them.

Parent/Guardian Signature: _____ Date: _____

PAYMENT

Check Week: Day Camp Junior Middle School Teen

- I am paying minimum of \$75 deposit today
 * All balance payments are due 2 months before start of session.
 I am paying in full today – Amount of week is \$ _____

SELECT PAYMENT TYPE: Check # _____ CASH

CREDIT CARD

Cardholder's Name _____

Account Number _____ - _____ - _____

Expiration Date ____/____/____ CV Code _____

House # on Statement _____ Zip Code _____

Signature of Cardholder _____
 Revised 10/22/19