

Camper Registration Form

Camp Carmel

*Please fill out the registration form completely. Leave nothing blank. Upon proper completion, mail forms to the Director of Outdoor Ministry. This information can be found at the bottom of this form.

This camper will attend (circle one or more) Youth, Jr. High, Junior, Kiddie, Work or Adventure Camp at

Camp Carmel from _____ (start date) to _____ (end date).

Camper First Name: _____

Last Name: _____

Date of Birth: _____ Age during camp: _____

Grade Completed: _____ ☐ Male ☐ Female

Home Phone: _____

Cell Phone: _____

Home Address: _____

City/State/Zip: _____

E-mail Address: _____

Home Church: _____

Reminder: Do NOT leave any fields blank!

If necessary, write SAME AS ABOVE or N/A.

-----**Father/Guardian**-----

-----**Mother/Guardian**-----

Name: _____

Name: _____

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

E-mail Address: _____

E-mail Address: _____

Employer: _____

Employer: _____

-----**Emergency Contact**-----

-----**Pick Up Authorization**-----

Contact Name: _____

Person(s) authorized to transport camper
to/from camp: _____

Relationship to Camper: _____

Person(s) NOT authorized to transport camper
to/from camp: _____

Phone: _____

FOR CAMPERS: I understand that this camp seeks to provide a safe, spiritually enthusiastic environment that allows participants to grow in Christ and to develop Christian community. All leaders, campers, and volunteers are expected to:

- Respect one another,
- Respect the camp property, including the natural setting,
- Use no profanity, tobacco products, alcohol, or illegal drugs,
- Wear modest and appropriate clothing,
- Participate and cooperate in all activities, and
- Behave in a way that is not disruptive to the program.

The camper's signature below indicates his/her willingness to abide by the above guidelines:

Camper's Signature: _____ **Date:** _____

FOR PARENTS: I understand that all campers are expected to participate in the camping program and take direction from the Camp Manager, Camp Directors, and Camp Leaders. Campers who are consistently unable to follow camp rules and/or take directions, could, at the discretion of the Camp Manager or Camp Director, be dismissed. Parents, under these circumstances, would then be contacted to make arrangements to have their camper picked up as soon as possible and prior to the scheduled end of camp.

Parent/Guardian Signature: _____ **Date:** _____

FOR PROPER REGISTRATION OF YOUR CAMPER:

Please complete and send in all of the following:

- Camper Registration Form
- Medical Record and Authorization Form
- Photo Release and Liability Release Form
- Coronavirus Waiver form
- Enclosed Payment or Scholarship Application (Or other information regarding your payment)

Forms must be mailed or e-mailed to the Director of Outdoor Ministry:

Camp Carmel:

Erica Leeds
campcarmel1952@gmail.com
P.O. Box 884
Linville, NC 28646
(828) 817-3708

Medical Record and Authorization Form

Camp Carmel

Camper Name: _____ Age: _____ ☐ Male ☐ Female
Address: _____ Parent/Guardian Name: _____
City/State/Zip: _____ Parent/Guardian Phone: _____
Camper's SSN: **Not needed unless specified** Insurance Provider: _____
Policy Holder Name: _____ Policy Holder SSN: **Not needed unless specified**
Policy #: _____ Group #: _____
Family Doctor Name: _____ Family Doctor Phone: _____

Camper Health Information:

Height _____ Weight _____

Date of last Tetanus Booster: _____

Medical Conditions and/or Physical Restrictions:

Medications and Instructions (Including over-the-counter medications, such as Advil, allergy medications, etc.) (Please note: *All medications must be presented to the Camp Director in their clearly labeled, originally prescribed container. The Camp Director reserves the right to turn down any medication that is not in its clearly labeled, originally prescribed container.*): _____

Allergies: ☐ Bee Stings ☐ Penicillian ☐ Food ☐ Other (please specify): _____

Additional Medical Information and Dietary Restrictions: _____

If parents/guardians are unavailable, I hereby authorize the Camp Director to contact the camper's emergency contact listed on the Camper Registration Form:

Parent/Guardian Signature: _____ Date: _____

Authorization for Emergency Medical Care

I hereby give my permission to the Camp Manager, Camp Director, and other Camp officials to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child, _____ (first and last name), should an emergency arise. It is understood that the camp officials will make a conscientious effort to locate the parents/guardians or emergency contacts listed on the Camper Registration Form before any action is undertaken. If it is not possible to locate parents/guardians or emergency contacts listed, I/we accept the expense of emergency medical or surgical treatment (to the extent that it is not covered by my child/youth's healthcare insurance or the limited provided camp insurance).

Parent/Guardian Signature: _____ **Date:** _____

Photo Release and Liability Release Form

Camp Carmel

Photo Release:

I grant Camp Carmel and Camp Placid the right to take photographs and/or videos of my family, my child(ren), or myself in connection with the camping program. I authorize Camp Carmel and Camp Placid to copyright, use, and publish the same in print or electronically. I agree that Camp Carmel and Camp Placid may use such photographs and/or videos for any lawful purpose, including for publicity, illustration, advertising, and web content. I understand that photos and videos can be used as promotional materials and shared via social media. I acknowledge that no child's full name will be used in the publishing of these photos/videos without prior permission from the parent/guardian.

I have read and understand the above:

Printed Name: _____ ☐ Camper ☐ Camp Leader

Signature: _____ Date: _____

Liability Release:

I hereby acknowledge that my camper will be expected to participate in all camp activities; if there are any activities I do not want my child to be involved in, I have listed them below. I understand and hereby agree to assume all the risks which may be encountered on camp activities, including activities preliminary and subsequent thereto. I do hereby agree to hold Camp Carmel, Camp Placid, the Southeastern District Church of the Brethren, the Southern Region of the Covenant Brethren Church, and its agents and employees harmless from any liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future with the activity or participation in any other associate activities. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by law of the State of North Carolina and the State of Tennessee and that if any portion is help invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of the release are contractual and not a mere recital. I further state that I have carefully read the forgoing releases and know the contents thereof and sign this release as my own free act. This is a legally binding agreement which I have read and understood.

Activities I do not permit my child to participate in: _____

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

Covid Liability Form

Camp Carmel

Dear Parent/Legal Guardian:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to comply with all regulations and ensure your safety. We put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of our organization, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Camp Carmel, Inc., its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating to your participation in our programs, services, or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any hosted or programmed event by this organization.

Parent Signature: _____

Printed Name: _____

Date: _____

Names of Minors:

_____	_____
_____	_____
_____	_____
_____	_____