

## 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: \_\_\_\_\_

Camper Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Grade Completed as of Camp: \_\_\_\_\_

Age during camp: \_\_\_\_\_

Gender/Sex:  Male  Female

Parent Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Do NOT leave any applicable fields blank!**

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

-----**Parent/Guardian 1**-----

Name: \_\_\_\_\_

-----**Parent/Guardian 2**-----

Name: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**--Emergency Contact (Must be different from parents/guardians listed above!)--**

Contact Name: \_\_\_\_\_

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

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

Relationship to Camper: \_\_\_\_\_

\*If there is any person who is NOT allowed to

Phone: \_\_\_\_\_

visit or pick your child up from camp, please notify the Ministry Director upon drop off!

**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 Form
- Liability Release Form
- Off- Campus Permission Form \*(Not Applicable for Junior Camp or Kiddie Camp)\*
- 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 \_\_\_\_\_

Medical Conditions and/or Physical Restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

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

List any allergies the camper has: \_\_\_\_\_  
\_\_\_\_\_

Check box to indicate food-related allergy (should be reflected above):

Additional Medical Information and Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

If parents/guardians are unavailable, I hereby authorize the Ministry 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 Form**

**Camp Carmel**

I grant Camp Carmel, Inc. 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 Form**

**Camp Carmel**

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, 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, whether on or off camp premises. 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 that if any portion is held 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: \_\_\_\_\_

## **Off-Premises Permission Form**

**Camp Carmel**

\*Parents of Junior and Kiddie campers may disregard this form. This form is only needed for attendees of Youth Camp, Junior High Camp, Work Camp, and Adventure Camp.\*

I am aware and understand that there may be times during my child's week of camp that the group travels off-campus for activities. These include, but are not limited to service projects, recreational activities, sight-seeing, and worship events. I understand that it is my right to seek accurate and adequate information from the Ministry Director regarding off-campus activities. I have been made aware that in the event of traveling off-premises, my child will be traveling in a church or camp van to any off-campus activity and that I will be notified of any changes to these agreed upon travel arrangements. I understand and grant permission for my child to be shuttled to off-premises activities and I understand that there are liabilities and risks associated with such. I understand that the aforementioned liabilities and risks are understood to be included in Camp Carmel's Liability Release Form.

I give permission for my child, \_\_\_\_\_, to travel off-camp with Camp Carmel personnel:

Parent Signature: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_