

CAMP MACK 2012 SUMMER CAMP REGISTRATION

CAMPER INFO

First Name _____ Last Name _____ Preferred Name _____ Gender _____
 Birth Date: M/ D/ Y _____ Grade Completed by Beginning of Camp _____
 Mailing Address _____
 City _____ State _____ Zip _____ School Attended _____
 Telephone: Home () _____ Cell () _____
 Camper's Email _____
 In signing this application, I agree to abide by all policies governing personal conduct and use of camp property as outlined in the camp brochure. I agree to cooperate and participate in all camp activities.
 Camper's Signature _____ Date _____

PARENT INFO

Names of Siblings Attending Camp _____
 Parent Name #1 _____ Parent Name #2 _____
 Address if Different from Above _____
 City _____ State _____ Zip _____ Home () _____
 Work Phone () _____ Cell () _____ Email _____
 Emergency Contact: Name _____ Home () _____ Cell () _____
 Marital Status _____ Camper lives with _____

CAMPER INFO

Indicate Camp(s) Desired _____
 Indicate Dates of: First Choice _____ Second Choice _____
 Congregation _____
 Requests _____

Medical Information: Allergies _____
 Food Allergies _____
 Dietary Restrictions/Requests: _____
 Please list any emotional or medical problems, behaviour issues, traumatic events in the camper's life, or other information that we should know _____

IMPORTANT: READ & SIGN

In signing this application, I certify that all information is correct and my child/ward is in good health and may participate in camping activities. Should it become necessary for him/her to return home during the week because of illness, accident, homesickness, or conduct, I will abide by the camp's decision in this matter and provide transportation.

I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ward shares responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations and procedures for the safety of camp participant.

Further, I waive any claim that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

I also give permission for person named to be photographed and/or videotaped for promotional purposes.

Parent Signature _____ Date _____

Printed Name _____

Additional information is available online at www.campmack.org

FOR OFFICE USE ONLY	
Person ID _____	
Date Received _____	
Date Entered _____	
Date Conf. Sent _____	
Total Fee _____	
Paid By Parent _____	
Paid By Church _____	
Campership _____	
MC Discount _____	
Total Credited _____	
Amount Due _____	
Cancellation Date _____	
Refund Amount _____	
Date Paid Refund _____	
INFORMATION MISSING	
Parent Signature _____	
Camper Signature _____	
Date _____	
Other _____	