

atmosphere, fun physical activity,
and positive character building!!!

**Camp Manna Summer Day Camp
Registration Form**

Camper Name: _____

Address _____

City, State, Zip _____

Camper lives with: Both Parents Father Mother
 Other _____

Father's Name _____

Contact Phone # _____

Contact Phone # _____

Mother's Name _____

Contact Phone # _____

Contact Phone # _____

Parent E-mail _____

Grade entering in Fall 2012 _____ Gender M F

Age at date of Camp _____ Birth date ____/____/____

First time camper at Camp Manna? yes no

School child attends _____

Please Indicate Weeks of Attendance Below

- wk 1- June 11-15 wk 6 - July 23-27
- wk 2 -June 18-22 wk 7 - July 30-Aug 3
- wk 3 -June 25-29 wk 8 - Aug 6-10
- wk 4 - July 9-13 wk 9 - Aug 13-17
- wk 5 - July 16-20 wk 10 - Aug 20-24
- Full Summer (receive a week free if you attend all 10 weeks!)

*****IMPORTANT *** If you sign up for week and then don't attend, you will be responsible for paying a "no show" fee of \$50). Please let us know 7 days in advance if your child will not be attending in order to avoid this charge.**

T-Shirts - each camper will receive a t-shirt. circle size

Youth: YXS (4-5) YS(6/8) YM(10/12) YL (14/16)

Adult: Adult S Adult M Adult L

MEDICAL INFORMATION AND WAIVER

Check any allergies the camper has:

Bee Stings Yes No Has never been stung

Peanuts Yes No Other: _____

Penicilin Yes No

Other Allergies: _____

Type of Reaction _____

Treatment Given: _____

List any specific 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 of _____ (camper's name) to attend Camp Manna Summer Day Camp. In my capacity as parent or guardian, I hereby wave any rights that I, or said minor child, may have to sue Camp Manna Ministries, Inc 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 give my consent for my child to be transported to and from the camp facility by means of Camp Manna Van and/or Activity bus. I affirm that the individual is in good health and suffers from no illness, disability or condition that may or may not require taking medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason that the applicant cannot participate in camp recreation activities. I hereby authorize emergency medical treatment to be performed by camp staff and/or attending physicians at a local clinic or hospital, to my child, in my absence. In my capacity as a parent and/or guardian and on behalf of the applicant, I

hereby release Camp Manna Ministries and its staff from any and all liability from injury or illness, mental or physical, suffered by the applicant during or related to camp.

Signature of Parent / Guardian

Date

Photo Release: By initialing this section, I hereby release the right to Camp Manna to use pictures and/or video taken of my child during summer day camp recreation to be used for promotional purposes including, but not limited to, newspaper ads, brochures, newsletters, website, etc.

Parent's Initials

Pick Up Information

Please list names of persons (and relationship to student) authorized to pick up your child. ID may be required to verify names on list. Thank you!

Mocksville Pick-up / Drop off

Check Here if you plan to use Pick-Up/Drop off

Mail Completed Form and Fee To:

**Camp Manna Ministries
Summer Day Camp
243 Gibson Way
Mocksville, NC 27028**

336.284. CAMP

www.campmanna.org
info@email.campmanna.org