



**Camp Manna Summer Day Camp  
Registration Form 2017**

For Office Use ONLY

**Camper Name:** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Camper lives with:  Both Parents  Father  Mother  
 Other \_\_\_\_\_

**Please list #1 beside which contact we should try first**  
**Father's Name** \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Contact Phone # \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Contact Phone # \_\_\_\_\_

**Parent E-mail** \_\_\_\_\_

*(enter email you want your invoices & receipts sent to)*

Grade entering in Fall 2017 \_\_\_\_\_ 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**

- |  |   |
|--|---|
| <input type="checkbox"/> wk 1- June 12-16  | <input type="checkbox"/> wk 6 - July 24-28    |
| <input type="checkbox"/> wk 2 -June 19-23  | <input type="checkbox"/> wk 7 – July 31–Aug 4 |
| <input type="checkbox"/> wk 3 -June 26-30  | <input type="checkbox"/> wk 8- Aug 7-11       |
| *Closed the week July 3-7                  | <input type="checkbox"/> wk 9 - Aug 14-18     |
| <input type="checkbox"/> wk 4- July 10-14  | <input type="checkbox"/> Full Summer *        |
| <input type="checkbox"/> wk 5 - July 17-21 |   |

**\*\*\*IMPORTANT \*\*\*** *If you sign up for a week and DON'T attend, without contacting our office, 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. Thanks!*  
\*\*\*\*\*

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

<b>Youth:</b>	<b>YXS (4-5)</b>	<b>YS (6/8)</b>	<b>YM (10/12)</b>	<b>YL (14/16)</b>
<b>Adult:</b>	<b>Adult S</b>		<b>Adult M</b>	<b>Adult L</b>

**MEDICAL INFORMATION AND WAIVER**

Please list any medical, physical, emotional or behavioral conditions

Bee Stings  Yes  No  Has never been stung

Peanuts/NUTs  Yes  No  explain: \_\_\_\_\_

Food Allergies  Yes  No yes, explain: \_\_\_\_\_

ADD  ADHD  Other behavioral or emotional conditions: \_\_\_\_\_

Asthma  Inhaler (must be provided for camp to keep in medic bag.)

Other Allergies or illnesses: \_\_\_\_\_

Type of Reaction \_\_\_\_\_

Treatment Given: \_\_\_\_\_

List any specific activities to be restricted or any physical or mental limitations we should be aware of: \_\_\_\_\_

**Medication:** *If your camper will need medication during their camp day, you MUST sign a medication release form (contact our office). All medications are kept in camp medic area (including inhalers)*

**INSURANCE INFORMATION / PARENTAL CONSENT**

Name of Insurance Co. child is covered by: \_\_\_\_\_  
I hereby grant permission of \_\_\_\_\_ (camper's name) to attend Camp Manna Ministries, Inc. 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 \_\_\_\_\_

**Pick Up/Emergency Contact Information**

Please list names of persons (and relationship to student) authorized to pick up your child. (do not list parents or guardians listed previously) ID may be required to verify names on list. Please ONLY list people who are regularly going to pick up your students or who are emergency contacts.

You can always call to add a temporary pick up person or send a note with your child that day.

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

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

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

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

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

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

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

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

**Mocksville & Advance Pick-up / Drop off**

**\*Mocksville located at Davie County Public Library\***

7:45-8:00 am and 5:15-5:30 pm

**\*Advance located at Bermuda Quay Shopping Center\***

7:45-8:00 am and 5:30-5:45 pm

Check Here if you plan to use MOCKSVILLE Pickup (\$10 weekly fee)

Check Here if you plan to use ADVANCE Pickup (\$10 weekly fee)

**DISCLAIMER:** We take daily photos of game time, free time, crafts and fun activities around the camp. We post them daily to Facebook (we DO NOT tag anyone). We put them on our Facebook page only. If you DO NOT wish for your child's photo to be taken please check this box.

I DO NOT wish for my child's photo to be on your Facebook page

**Registration fee is \$10 for 1-3 weeks of attendance & \$20 for 4 or more weeks of attendance. If payment is not included with form, an invoice will be sent to you and can pay directly online w/ visa or MasterCard!**

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@campmanna.org