

**Camp Manna Summer Day Camp
Registration Form 2018**

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 11-15-5G-Start w/God | <input type="checkbox"/> wk 6-July 23-27 -X-GAMES |
| <input type="checkbox"/> wk 2-June 18-22-Camp Marvel | <input type="checkbox"/> wk 7-Ju30-Aug3-Around the World |
| <input type="checkbox"/> wk 3-June 25-29-Survivor | <input type="checkbox"/> wk8-Aug6-10- Magnify your Mind |
| <input type="checkbox"/> wk 4-July 9-13-Let's S"Wet" | <input type="checkbox"/> wk9-Aug14-18-S"Winter"Olympics |
| <input type="checkbox"/> wk 5-July16-20-Treasure Hunters | <input type="checkbox"/> Full Summer |

*closed week of July 4th & Aug 20

*****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

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

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