

**Camp Manna Summer Day Camp
Registration Form 2019**

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 _____

Cell Phone # _____

Home/Work Phone # _____

Mother's Name _____

Cell Phone # _____

Home/Work Phone # _____

Parent E-mail _____

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

Grade entering in Fall 2019 _____ 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 10-14-Aloha
- wk 2-June 17-21-East vs. West
- wk 3-June 24-28-ColorWars
- wk 4-July 8-12-X-Games
- wk 5-July 15-19 - X-mas in July
- wk 6-July 22-26 -Army/Navy
- wk 7-Ju29-Aug2 -Around the World
- wk8-Aug5-9- Let's S'WET
- wk9-Aug13-17- 5 G
- Full Summer

closed week of July 4th & Aug 17

*****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: Youth S (5-7) Youth M(8-10) Youth L (11-12)

Adult: Adult S Adult M Adult L

Pick Up/Emergency Contact Information

List People who are authorized to pick up your child other than parents/guardian already listed on form. ID may be required to verify names on list.

Name: _____ Relation _____

Phone: _____ or _____

Name: _____ Relation _____

Phone: _____ or _____

Name: _____ Relation _____

Phone: _____ or _____

Name: _____ Relation _____

Phone: _____ or _____

PICK UP / DROP OFF LOCATIONS

@ **CAMP MANNA** 1st shelter as you enter property. Please check in with staff on **MONDAY! 7:00 am -5:30 pm (Camp Day BEGINS at 8:45am and ends at 4:00 pm)**

MOCKSVILLE Pick Up Site (\$10 weekly fee)
at Davie County Public Library 7:45-8:00 am and 5:15-5:30 pm

ADVANCE Pick UP Site (\$10 weekly fee)
at Bermuda Quay Shopping Center 7:45-8:00 am and 5:30-5:45 pm

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). 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 \$20. Must be registered 7 days prior to attending. If Registering Late, Registration fee is \$30. Registration is ONLY paid once. Once you are registered you can attend as many weeks as are available.

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

MEDICAL INFORMATION AND WAIVER

Please list medical, physical, emotional, mental or behavioral conditions
Bee Stings Yes No Has never been stung
Peanuts/NUTS Yes No explain: _____
Food/OTHER Allergies Yes No yes, explain: _____

ADD **ADHD**
 behavioral, mental, emotional or physical conditions or disabilities: _____
 Asthma **Inhaler** (must be given to camp staff)
 Other Allergies or illnesses: _____

NONE: I certify my child has none of the above conditions and realize that failing to disclose important health information can be harmful to my child during a day of camp recreation.

Daily Medication: *If your camper will need medication, inhaler or epi-pen during their camp day you MUST sign a medication release form (contact our office or print off website). All medications are kept in camp medic area (including inhalers and epi-pens).*

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 _____