

**Camp Manna Summer Day Camp  
Registration Form 2023**

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**  
**Mother's Name (Guardian #1)** \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Home/Work Phone # \_\_\_\_\_

Email \_\_\_\_\_

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

**Father's Name (Guardian #2)** \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Home/Work Phone # \_\_\_\_\_

**Email** \_\_\_\_\_

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

Grade entering in Fall 2023 \_\_\_\_\_ 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 13-15 (t/w/th) | <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 8-10 (t/w/th)  |
| <input type="checkbox"/> wk 4-July 10-14          | <input type="checkbox"/> wk 9 - Aug 15-17 (t/w/th) |
| <input type="checkbox"/> wk 5-July 17-21          |  |

Full Summer  \*closed week of July 3-7

**\*\*\*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 Adult XL

**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** 1<sup>st</sup> 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 (\$15 weekly fee)**  
at Davie County Public Library 7:45-8:00 am and 5:00-5:20 pm

**ADVANCE Pick UP Site (\$15 weekly fee)**  
at Bermuda Quay Shopping Center 7:45-8:00 am and 5:00-5:20 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 \$25. Must be registered 7 days prior to attending. If Registering Late (after May 1<sup>st</sup>), Registration fee is \$35. 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](http://www.campmanna.org)  
[info@campmanna.org](mailto: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 NO physical, mental or emotional disabilities or diagnosis that I have not disclosed on this form. I understand 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