

Camp Sessions

High School
 Discipleship I: 6/18-23 \$309/\$336
 Discipleship II: 7/9-14 \$309/\$336

Junior High
 Junior High I: 6/25-30 \$309/\$336
 Junior High II: 7/23-28 \$309/\$336

4th & 5th Grade: 7/16-21 \$296/\$323

2nd & 3rd Grade: 7/5-7 \$224/\$251

Ages 5-7
 First Chance I: 6/24 \$60/\$78
 First Chance II: 7/15 \$60/\$78

Specialty Camps
 Boys Only 6/25-27 \$177/\$204
 GO Camp 6/18-22 \$266/\$293
 Girls Only 6/11-14 \$234/\$262
 Art Camp 6/14-16 \$242/\$260
 Carpentry Camp 6/14-16 \$242/\$260
 Cooking Camp 6/14-16 \$242/\$260
 Photography 6/14-16 \$242/\$260

Church Code: _____



SCAN TO REGISTER

www.michianacamp.org

Camper Information

Camper's Full Name _____ Sex _____
 Street Address _____ M / F
 Mailing Address _____
 City _____ State _____ Zip _____
 Date of Birth _____ Age _____ Grade in Fall 2023 _____
 Parent/Guardian(s) _____
 Home Phone (_____) _____ Cell Phone (_____) _____
 *Parent Email _____
 Is the camper immersed (baptized)? Y / N
 Church you attend _____
Camp Selections:
 First Camp Session _____
 Cabin mate Request (up to 3 names) _____

Additional Camp Session _____
 Cabin mate Request (up to 3 names) _____

*Email addresses will be used to email you information regarding your camper's session and camp updates.

Pick Up Information

The State of Michigan requires the name of person(s) or organization to whom we may release your child. Please fill out the appropriate section below and sign on the line provided.

The following person(s)/organization(s) have my permission to pick up the camper indicated above.

I/We will be picking up the camper indicated myself/ourselves. If an unforeseen circumstance arises and I need to send another person / organization to pick-up this camper, I will either call prior to dismissal time, or I will send my written and signed authorization with them.

 PARENT/GUARDIAN SIGNATURE Date

Health History and Medical Release

All information provided below is kept confidential by M.C.C. per HIPPA requirements.

Emergency Contact _____
 Relationship to camper _____ Phone (_____) _____
 General Emergency Information:
 Family Physician _____ Phone (_____) _____
 Ins. Co. Name _____ No Insurance
 Policy/Group/Contract # _____ Sponsor's Name _____

Is Tetanus Shot/Booster Up to Date? Y / N

Please circle any special conditions that apply:
 Heart Trouble Diabetes Shortness of Breath Menstrual Difficulties Asthma
 Allergies Headaches Emotional Problems Eczema/Skin Rashes Physical limitations(s)
 History of Bleeding Behavioral Problems Seizures/Convulsions Bedwetting Sleepwalking
 Freq. Earache Kidney/Bowel Trouble Nosebleeds Current Infectious/Contagious Disease(s)

Explain above conditions or others: _____

MEDICATIONS (continue on additional pages if necessary)

Medication	Dosage	Frequency

NOTE: All medications that are brought to camp, prescription or over-the-counter, MUST be in their original containers.

Medical Release

I hereby give my permission to Michiana Christian Service Camp, licensed by the State of Michigan Department of Human Services, to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care for the minor child named above while attending camp. I certify that this information is true to the best of my knowledge.

 Parent/Guardian Signature Date

Liability Release and Waiver

As the legal guardian of (camper name) _____, I understand the nature of camp activities and that the camper is qualified, in good health, and in proper physical condition to participate and acknowledge that if the camper believes conditions are unsafe, the camper will immediately discontinue participating in the activity. I fully understand that participating in activities or use of any facility or equipment of Michiana Christian Service Camp, or engaging in or receiving instruction in any activity or activity incidental thereto some of which may involve dangers and risk of serious bodily injury, including permanent disability, paralysis and death which may be caused the participant's own actions, or inactions, those others participating in the event, the conditions of which the event takes place, or the negligence of the "releases" named at Michiana Christian Service Camp. It is the intention of the participant and legal guardian by this agreement to exempt and relieve Michiana Christian Service Camp and its officers, agents, servants, and employees, other participants, sponsors, advertisers and if applicable, owners or lessors of premises on which the activity takes place, from liability for personal injury, property damage, or wrongful death of the participant caused by any act of negligence. The undersigned participant and guardian agrees that in the event any claim for personal injury, property damage, wrongful death, or otherwise, caused by any act of negligence will indemnify and hold harmless Michiana Christian Service Camp and its officers, agents, servants, and employees, other participants sponsors, advertisers and if applicable, owners or lessors of premises on which the activity takes place.

 Parent/Guardian Signature Date

OFFICE USE ONLY

Date Rec. _____ Rec. By _____ Input By _____ Balance Due: _____
 CAMP SESSION _____ FEE _____ Refund Due: _____
 Discount _____ Scholarship/Coupon _____
 Desposit _____ Rec'd _____ Ck# _____
 Church Aid _____ Rec'd _____ Ck# _____