

Office use:

# 2017 YOUTH CAMP REGISTRATION

Register online at [campmennoscah.org](http://campmennoscah.org)!



Office use:

Camper Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  F  M Grade (fall 2017) \_\_\_\_\_

Church \_\_\_\_\_ Camper Email \_\_\_\_\_

Cabinmate request or Bring A Friend \_\_\_\_\_ (Cabinmate requests for first-time campers are given priority. The cabinmate you request MUST also request you. Only one request per camper. **No requests are guaranteed.**)

Parent(s) or Legal Guardian(s) \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ (Name for work number)

Cell phone (\_\_\_\_) \_\_\_\_\_ (Name for cell number) Email address \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency contacts are required and should not be the parents/guardians listed above. Parents/Guardians will be contacted first.**

Emergency contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

## Camp sessions

- First Camp, July 13-15 - \$165
- Junior I, June 18-24 - \$205
- Junior High I, June 11-17 - \$205
- PreJunior I, June 25-29 - \$185
- Junior II, July 23-29 - \$205
- Junior High II, July 16-22 - \$205
- PreJunior II, July 9-13 - \$185
- Senior High, July 30- Aug 4 - \$190

Second choice (if available): \_\_\_\_\_

Check to pre-order a tee shirt (\$11)  YS  YM  YL  S  M  L  XL  XXL  XXXL(\$16)

I am getting a scholarship from \_\_\_\_\_ for \$\_\_\_\_\_.

Please donate my Early Registration Discount (\$10) to the Camp Mennoscah Renovation Fund.

Please donate my Sibling Discount (\$10) to the Camp Mennoscah Renovation Fund.

I would like to make a donation to the kitchen renovation.  \$100  \$50  \$25  other \_\_\_\_\_

I would like to make a donation to playground equipment.  \$100  \$50  \$25  other \_\_\_\_\_

(returning campers) For my free tee shirt, I am bringing first-time camper \_\_\_\_\_.

For my free tee shirt, I am a first-time camper coming with \_\_\_\_\_ (a returning camper).

**CAMPERS:** I agree to follow Camp Mennoscah's policies and regulations and respect other campers and staff. I understand that my behavior contributes to the success and well-being of this camp. I understand that disregarding camp policies and regulations could result in my being sent home early.

Signature of camper \_\_\_\_\_

Use this form to register for any of the youth camps listed. Please complete one form for **each camper** registering.

**PLEASE BE SURE TO FILL OUT BOTH PAGES BEFORE MAILING.** Additional forms can be found at [www.campmennoscah.org](http://www.campmennoscah.org) or call 620-297-3290. **Send registration form and payment, including a non-refundable, non-transferable deposit of \$25 per camper (applied to camp fees), to Camp Mennoscah, PO Box 65, Murdock, KS 67111.**

All checks payable to Camp Mennoscah.

# HEALTH FORM and PERMISSIONS

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Since there is no required examination, it is important that the parent/guardian fill this form out carefully and completely. **PLEASE BE SURE TO FILL OUT BOTH PAGES BEFORE MAILING.** If necessary, updates may be made during the first day of camp registration.)

## Health History

Camper's Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies (Food/Medical/Environment—please be specific about reaction):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medical/health/behavioral problems or issues:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any information that would help us better serve this camper on a separate piece of paper.

Date of last Tetanus: \_\_\_\_\_

Date of last physical exam by a physician or health professional: \_\_\_\_\_

Is camper a vegetarian?  Yes  No  
(Vegetarian meals provided only for those who have checked "Yes.")

Do you give permission for your child to take over-the-counter medications if necessary?  Yes  No  
(i.e. for headaches, upset stomach, or cramps)

Comments: \_\_\_\_\_

Does this camper have a history of ear irritations/infections?  Yes  No

If necessary, may we administer ear drops to your camper to minimize ear health problems?  
 Yes  No

Comments: \_\_\_\_\_

Are there any activities which need to be monitored/avoided? \_\_\_\_\_  
\_\_\_\_\_

List all surgeries and dates of camper (if none, state "None"):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information below is needed in case of an emergency and will be kept confidential.

Health Insurance Co: \_\_\_\_\_ Insurance Co Phone #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Group Name/#: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder/Relationship: \_\_\_\_\_ Phone # of policy holder: \_\_\_\_\_

**Medications** (List any prescription or non-prescription medications the camper will be bringing to camp. If the camper is a diabetic, include insulin/oral hypoglycemic use.)

Name of Medicine	Dosage/amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that I have answered these questions to the best of my knowledge and that the above named camper is in good physical condition, with no known health problems that would make it unsafe for her/him to engage in routine camping activities. I acknowledge that camping entails known and unanticipated risks which could result in injury, and that such risks cannot simply be eliminated without jeopardizing the essential qualities of the activity. I agree to assume all risks existing in these camping activities. If this camper may not fully participate in camping activities, these are the exceptions:  
\_\_\_\_\_

I give permission for the camp nurse or designated staff person to provide treatment if staff deem necessary from the camp's non-prescription First Aid supplies.

In case of emergency, I hereby give permission to the doctor/emergency room selected by Camp Menoscah to secure proper treatment for my child and for my child to be transported in Camp-owned vehicles. I realize that Camp Menoscah will attempt to contact me if an accident or illness occurs requiring medical treatment by a physician.

I give my permission for the use of photographs and videos of my child and myself to be used in Camp publicity.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date form signed