

Summer Camps at Merom Conference Center

Registration Form

One camper per camp per registration form

First Choice Camp _____
Date of Camp _____

Second Choice Camp _____
Date of Camp _____

Information – please print legibly Youth Adult Counselor Director Other _____

Legal Name: _____
Last First Middle Initial

Cell Phone # _____ **Home Phone #** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Camper's E-mail: _____

Camper's age at beginning of camp _____ **Grade in fall:** _____

Gender M F **Birth date** _____ **Room with** _____

T-shirt size (youth) 6-8 10-12 14-16 (adult) S M L XL 2X 3X

Home church _____ **Town** _____ **State** _____

Meal Preference: Vegan Vegetarian Meat-Eater **Food Allergies** _____

Just You and Me, Kid camper (each person – adults and children – each must complete a separate registration form):

Attending with: _____

Parent/Guardian Name _____ **Relationship to camper** _____
That camper lives with

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **E-mail:** _____

Address lists are available at the end of each camp. Photos and videos may be taken by camp staff, counseling staff and campers to use for photo CDs, promote camp programs and displayed on the website (may include commercials on You Tube, social network sites, phones).

Informed Consent

I acknowledge that my participation and/or the participation of my minor child in activities at the Merom Conference Center entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself and/or my minor child, to property, or to third parties, I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities. I hereby voluntarily release, forever discharge, and agree to indemnify and to hold harmless the Merom Conference Center and the Outdoor Ministries Committee from any and all claims, demands, or causes of action, which are in any way connected with my/my child's participation in these activities or my use of the equipment or facilities, provided however, that this covenant **shall not extend to liabilities incurred from any negligent acts or omissions on the part of Merom Conference Center or the Outdoor Ministries Committee, officers, agents, or employees.**

Signature of Parent/Guardian if camper under age 18

Signature of camper

Make checks payable to: Merom Conference Center

Early registration discount: balance postmarked by May 15th.

Amount of camp \$ _____

Amount enclosed: \$ _____

Payment: 1 2 3 4 5

Mail completed forms with payment (postmarked Mar 1st or later):

Camp Registrar
Merom Conference Center
PO Box 127
Merom, IN 47861-0127

Please call if you have questions: **1-800-313-4511**

Outdoor Ministries Committee

<i>Office use only</i>	
Church: Ck date _____ Ck # _____ \$ _____	Rec'd _____
Personal: Ck date _____ Ck # _____ \$ _____	Rec'd _____
Date: Postmarked _____ E-mail sent: _____	Staff Initials _____



Summer Camps at Merom Conference Center

Camper Covenant:

Name: _____
Last First Middle Initial

Camp Session _____ Dates of Camp _____

I covenant to put responsibility first in all I do:

I will not bring nor partake in illegal activities (drugs, alcohol, smoking, fireworks, weapons, etc);

I will not be involved in any romantic activity;

A responsibility of my freedom is that I am my "brother's keeper" and will share information with a trusted adult to keep everyone safe.

I covenant to:

Learn and grow spiritually;

Learn about other youth, adults and churches in our camp family.

Be open to other faith perspectives.

I covenant to respect others:

Property, beliefs, comfort levels;

To use language that is supportive and uplifting;

I will be patient and allow time for understanding.

I covenant to have fun!

I will make an effort to make new friends;

I agree to try new things.

It is recommended that contacts through e-mail, phone calls and/or uploading information to social network sites (examples: Facebook, My Space, Twitter) be held until after the event concludes. This will limit exposure of participants while they attend an event.

I understand being at Merom Conference Center is an extension of my home church and will treat it as my own. This experience is a privilege and I covenant to follow our guidelines to make the most of this experience!

Camper Signature _____ Date _____

Parents and Guardians:

We covenant as parents to allow our child (children) to be involved in this wider church experience.

We covenant to be responsible for our child's (children's) actions while away from home. If there is a need to retrieve our child (children) we take the responsibility of coming to the camp site and removing the child (children) from the event.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Health Form

mail this with your registration

Camp Session _____ Dates of Camp _____

Notice of interpretation: This form is to be **signed by the participant (and parent or guardian for youth)**. It does not require a doctor's signature. However, if desired or if your child has not had a physical examination in the past 12 months, we suggest that your child have one before coming to camp.

Legal Name: _____ Youth Adult Birth Date: _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Person to notify in case of emergency:

Primary Contact

Name: _____ Phone #: _____ Relationship to person: _____

Secondary Contact

Name: _____ Phone #: _____ Relationship to person: _____

Do you have any allergies, physical restrictions, dietary restrictions or allergies to medications? Yes No

If yes, please describe: _____

Date of last tetanus shot: _____

Are there any physical limitations that would prevent you from participating in any camp activities? Yes No

If yes, please describe: _____

Please list any recent illness: _____

Are you on medication of any kind? Yes No

If yes, please describe: _____

I authorize the camp director or other camp personnel to continue this medication as per instructions.

In the event of an injury, illness or requiring the attention of medical personnel, I agree to permit transportation in private or public vehicles. I/We also give permission under such circumstances to the medical personnel, selected by the Indiana-Kentucky Conference United Church of Christ camp personnel, to order X-rays, routine tests or treatment.

In the event I cannot be reached in an emergency, I hereby give permission to the physician or other health care personnel selected by such camp personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery. I also give permission for my child to be given the following medication as needed: Aspirin, Tylenol, ibuprofen, decongestant, antihistamine or Pepto Bismol. (Cross out any which are not acceptable.)

Insurance Company: _____ Policy #: _____

Member ID #: _____ Member Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if youth)



Special Needs/Restricted Camper Pick-up/Driving Form

Name: _____
Last First Middle Initial

Camp Session _____ Dates of Camp _____

Campers generally know their own special needs and are responsible in helping the summer camp counselors, nurses and staff members become aware of those needs. Campers should know who will be taking them and picking them up from camp. This reduces anxiety and allows them the comfort of knowing what will be happening at the start and finish of the camping session. Please provide information that you believe will help your camper have a great experience.

Special Needs: Please include emotional, mental, physical needs. Include counseling, current stress or other issues that director and nurse should be aware of through the week.

Restricted Pick-Up: The following people do not have my permission to pick up my camper:

Camper will be driving:

Campers that drive to and from their camp sessions are bound by the covenant and will not have permission to drive during the time they are a camper. Parking will be designated and keys need to be turned in to the summer camp director.

Camper will be driving alone.

Camper has permission to drive others. Names of other campers permitted to ride with camper:

Participant Signature: _____ Date: _____

Parent/Guardian: _____
Printed name

Parent/Guardian: _____ Date: _____
Signature

