

We are looking for sponsors to help fund this community project so we can keep Day Camp affordable!

Additional funding and support provided by the people and businesses connected with the town of Merom and the Merom Camp & Retreat Center.



Contact:
812-356-4511

What are your kids doing over summer break?

Send them to day camp!

The Retreat Center is offering a day camp for youth 1st through 8th grade. We will include projects, games, crafts and swimming.

Children should bring swimming gear with them.

Shoes must be worn while on the grounds.

Complete the registration form and send it to the office – or bring it in to the office.

We'd love to have your kids join us!



Merom Camp & Retreat Center
P.O. Box 127
Merom, Indiana 47861-0127

www.merom.org

Merom Day Camp

June 4-8, 2018
1st-8th grades



Volunteer opportunities for high school youth



Merom Camp & Retreat Center
P.O. Box 127
Merom, Indiana 47861-0127



Merom Camp & Retreat Center
812-356-4511

Day Camp for Merom Kids

- Monday**
- 9:00 Gathering
- 9:30 Group Event
- 10:30 Swimming
- 11:30 Lunch
- 12:00 Group Event
- 1-3 Town Swim
- Tuesday**
- 9:00 Gathering
- 9:30 Group Event
- 10:30 Swimming
- 11:30 Lunch
- 12:00 Group Event
- 1-3 Town Swim
- Wednesday**
- 9:00 Gathering
- 9:30 Group Event
- 10:30 Swimming
- 11:30 Lunch
- 12:00 Group Event
- 1-3 Town Swim
- Thursday**
- 9:00 Gathering
- 9:30 Group Event
- 10:30 Swimming
- 11:30 Lunch
- 12:00 Group Event
- 1-3 Town Swim
- Friday**
- 9:00 Gathering
- 9:30 Group Event
- 10:30 Swimming Olympics
- 12:00 Lunch
- Group Event
- 1-3 Town Swim

Monday-Friday 9-3:00

Merom Day Camp



Registration/Health Form

June 4-8, 2018

Notice of interpretation: This form is to be signed by the parent or guardian. 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.

Child's Name: _____ Grade in fall: 1 2 3 4 5 6 7 8

Birthdate _____ Current Age _____ Female Male Vegetarian: Yes No

Parent/Guardian _____ Home Phone: _____

Address: _____ Cell phone: _____

City: _____ State: _____ Zip: _____ T-shirt size _____

Person to notify in case of emergency if no answer at home or cell phone numbers:

Name: _____ Phone #: _____ Relationship: _____

Are there 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 Merom Camp & Retreat Center, Inc. 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: Tylenol, ibuprofen, decongestant, antihistamine or Pepto Bismol. (Cross out any which are not acceptable.)

Insurance Company: _____ Policy #: _____

Parent/Guardian Signature: _____ Date: _____

\$35.00 per child

Make checks payable to:
Merom Camp & Retreat Center

Cash or Check # _____	Amount \$ _____
Date Received _____	Rev 2/17



Merom Camp & Retreat Center
812-356-4511

**Day Camp for Merom Kids
Sponsor Form**

We are asking for financial support to help fund this community program.

Name: _____

Address: _____

Town: _____

State _____ Zip _____

Phone: _____

E-mail: _____

Donation Amount \$ _____

Return to:
Merom Camp & Retreat Center
PO Box 127
Merom, IN 47861

Donations are tax deductible

Cash or Check # _____
Date Received _____