



# Summer Camps at Merom Camp & Retreat Center, Inc.

## Registration Form

One camper per camp per registration form

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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 \_\_\_\_\_ Birth date \_\_\_\_\_ Room with \_\_\_\_\_

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

Home church \_\_\_\_\_ 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: \_\_\_\_\_

*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 Camp & Retreat 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 Camp & Retreat Center, Inc. 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 Camp & Retreat Center or the officers, agents, employees or volunteer staff.**

Signature of Parent/Guardian if camper under age 18 \_\_\_\_\_

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

Make checks payable to: Merom Camp & Retreat Center

Early registration discount: total camp fee paid by May 15<sup>th</sup>.

Amount of camp \$ \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_

Payment: 1 2 3 4 5

Mail completed forms with payment (postmarked Jan 1<sup>st</sup> or later):

**Camp Registrar**  
**Merom Camp & Retreat Center, Inc.**  
**PO Box 127**  
**Merom, IN 47861-0127**

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

<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 Camp & Retreat Center, Inc.

### Camper Covenant:

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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 Camp & Retreat 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 \_\_\_\_\_



**Summer Camps at Merom Camp & Retreat Center, Inc.**

**Health Form**

**mail this with your registration**

Camp Session \_\_\_\_\_ Dates of Camp \_\_\_\_\_ **Page 1 of 2**

**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 Gender M F

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 Merom Camp & Retreat Center personnel and/or volunteer staff, 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.) **I am aware that my personal insurance is primary and the Insurance Board coverage is secondary.**

Insurance Company: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Member Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if youth)



## Summer Camps at Merom Camp & Retreat Center, Inc.

### Notes/Restricted Camper Pick-up/Driving Form

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Name: \_\_\_\_\_  
Last First Middle Initial

Camp Session \_\_\_\_\_ Dates of Camp \_\_\_\_\_

Campers generally know their own 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.

**Notes:** Please include emotional, mental, physical needs. Include counseling, current stress or other issues that director and nurse should be aware of throughout 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