

# 2010 Registration



## Camper Information

Camper Name \_\_\_\_\_  
(For name tag) last name first please

Camper's Permanent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade in Fall 2010 \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender  M  F Age \_\_\_\_\_

Please list all names your camper may be released to at the end of the day/week.  
Manitoqua Staff will only release campers to persons listed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### office use only

date rec'd \_\_\_\_\_

time rec'd \_\_\_\_\_

o mail o walk-in o fax

id# \_\_\_\_\_

date entered \_\_\_\_\_

camp# \_\_\_\_\_

## Church Information

Church Name (full name) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian First and Last Name(s) \_\_\_\_\_

Address (if different than camper's address) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's e-mail \_\_\_\_\_  Check for e-mail confirmation

I would like to receive other Manitoqua e-mails

## Emergency Information

(If parent/guardian cannot be reached)

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Health Information

HIPPA regulations require us to have your permission before disclosing any health information to the necessary camp staff.

May we disclose this information?  Yes  No

Please check all that apply to your camper. Please explain below, and include a separate sheet, if necessary.

general good health  prone to homesickness  behavioral conditions  diabetes  cognitive/emotional conditions

asthma  recent operations  recent injuries  heart condition

other (please describe) \_\_\_\_\_

Medication taken while at camp (Name & Dosage) \_\_\_\_\_

List allergies including food, medication, environmental, insect sting, anesthesia, other \_\_\_\_\_

## Insurance Information

Family Health Insurance Company \_\_\_\_\_

Identification Number \_\_\_\_\_ and/or Group Number \_\_\_\_\_

Year of Last Physical \_\_\_\_\_ Year of Last Tetanus Booster \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

RCA Members: Discount/Approval Forms are available at your church. Please return with registration.

# Camp Program Information

## Day Camp Programs

**Explorer Day Camp** (1, 2, 3, or 4 weeks only)  
 first choice \_\_\_\_\_ second choice \_\_\_\_\_

Week # \_\_\_\_\_  
 Week # \_\_\_\_\_  
 Week # \_\_\_\_\_  
 Week # \_\_\_\_\_  
 Week # \_\_\_\_\_

**Journey Day Camp**

Day Camp Cost \$ \_\_\_\_\_

All Day Campers receive a free t-shirt with the cost of camp (Select your size). Youth  S (6-8)  M (10-12)  L (14-16) Adult  S  M  L  XL

Day Camp Friend Request \_\_\_\_\_

**Swim Lessons** List course # 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ Swim Lessons Cost \$ \_\_\_\_\_

## Overnight Program

### Rez, King's, Horse, S.A.M.s, Project Manitoqua & Encounter

List session # 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ Overnight Camp Cost \$ \_\_\_\_\_

Cabin Mate \_\_\_\_\_  New Friend Bonus

#### day camp programs pre-purchased items

<b>day camp photo</b>	For Journey, a photo of all campers in the day camp. For Explorer, a photo of all campers in the day camp for all weeks selected. <b>Only available on this form or at check-in.</b>	Cost \$5 Quantity _____	Week(s) _____ Cost _____
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#### overnight programs pre-purchased items

<b>t.o.y. box</b>	Allow Camp to deliver a "Thinking of You" box to your camper. Each box includes a 2010 theme logo t-shirt, a snack, a bottle of water, a notebook with pen, and a Manitoqua novelty.	Cost: \$20 <input type="radio"/> Adult S <input type="radio"/> Youth S <input type="radio"/> Adult M <input type="radio"/> Youth M <input type="radio"/> Adult L <input type="radio"/> Youth L <input type="radio"/> Adult XL	Qty _____ Cost _____
<b>2010 t-shirt</b>	T-shirts purchased separate from the T.o.Y. boxes.	Cost: \$10 <input type="radio"/> Adult S <input type="radio"/> Youth S <input type="radio"/> Adult M <input type="radio"/> Youth M <input type="radio"/> Adult L <input type="radio"/> Youth L <input type="radio"/> Adult XL	Qty _____ Cost _____
<b>cabin or all camp photo</b>	A photo of each cabin's campers available at session's end for any overnight program. The all camp photo, of all campers that week, is only available for rez campers.	Cost \$5 All Camp Qty _____ Cabin/Session Qty _____	Cost _____
<b>camp debit card</b>	Pre-paid punch cards good for purchases at the Camp Store and Pickle Shack. This is an alternative to carrying cash. Balances can be donated to Camp or refunded at camper pick up. Camp Manitoqua is not responsible, nor will offer a refund, for lost debit cards. <b>*Not available for King's Camp, Project Manitoqua, Encounter or SAMS.</b>	Cost \$5 Quantity _____ Cost \$10 Quantity _____ Cost \$20 Quantity _____	Cost _____
<b>camp memory dvd</b>	Take home a reminder of fun at camp! A custom made DVD will be available at week's end. <b>*Not available for King's Camp, Project Manitoqua, Encounter or SAMS.</b>	Cost \$10 Quantity _____	Cost _____

**total program cost \$ \_\_\_\_\_**

### credit card information

All credit card payments will be processed for the amount paid at time of registration. If using our payment option, remaining payments must be made with a check or cash only. Credit cards will be charged for delinquent balances. Registration payments by credit card require a \$6 processing fee.

Credit Card # (Visa, MasterCard & Discover) \_\_\_\_\_ 3-Digit Sec. Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount (include \$6 processing fee) \_\_\_\_\_ Signature \_\_\_\_\_

### Parent/Guardian Signature, Parental Medical Consent, and Liability Release

We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in all of the activities and programs. In consideration for being accepted by Manitoqua Ministries for participation in all sponsored activities, trips, and programs, we (I), being 21 years of age or older, do for ourselves and for and on behalf of our (my) child-participant do hereby release, forever discharge and agree to hold harmless Manitoqua Ministries, Inc./Camp Manitoqua and the directors thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities. Furthermore, we (I) and on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. Further, authorization and permission is hereby given to Manitoqua to furnish any necessary transportation, food and lodging for this participant, and permission is given for the use of photographs of my child for publicity purposes. The undersigned further hereby agrees to hold harmless and indemnify Manitoqua, its directors, employees and agents, for any liability sustained by Manitoqua as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. Further, we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Manitoqua. Furthermore, we (I) understand that all campers are expected to behave appropriately and follow camp policies at all times. We (I) understand that Manitoqua has disciplinary and other policies in place and will abide by such policies. We (I) understand that if the child-participant violates these policies or causes Manitoqua to change, break, or otherwise alter its policies, Manitoqua may dismiss the child-participant, deny certain activities to the child-participant, or refuse to accept the child-participant for subsequent program events solely at the discretion of the Executive Director, Program Director, or Program Coordinator. Campers dismissed from camp will NOT receive a refund. In addition, I have read and understand the additional guidelines on page 1.

Unsigned forms cannot be processed. **I HAVE READ AND AGREE TO ALL MANITOQUA POLICIES.**

**Please sign & return to: Camp Manitoqua, 8122 Sauk Trail, Frankfort, IL 60423**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Date \_\_\_\_\_

Cash/CC/CK# \_\_\_\_\_

EXPLORER	JOURNEY	SWIM
WK # _____		
WK # _____		
WK # _____		
WK # _____		
WK # _____		
CC Fee _____		
Sch/Cpn _____		

OVERNIGHT Session	Session	Payments
Fee	Toy	Day
Recap	T-Shirt	Dbt
Sch.Cpn	Cbn Pic	Cmp Str
Ind Pd	Cmp Pic	Overnight
Ch Pd/Bal	Dbt Crd	Recap
Bonus	DVD	Swim
Bus		