

# 2015 Camp Registration Form

## CAMPER INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Grade Completed in May 2015 \_\_\_\_\_ Check one: New Camper \_\_\_\_\_ Returning Camper \_\_\_\_\_

*Grades listed for camps refer to grades attending in fall of 2015.*

## CAMPER'S ADDRESS

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

Home Phone \_\_\_\_\_

Camper lives with (parents, mother, father, guardian) \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Church ID# (if known) \_\_\_\_\_

## PARENT/GUARDIAN

Name of Parent/Guardian \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## PARENT/GUARDIAN

Name of Parent/Guardian \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## SESSIONS *Please mark a "1" and a "2" for your first and second choice camp sessions.*

\_\_\_\_(F1) Family Camp (May 22-25) (All)

\_\_\_\_(F2) Grandparent/Grandchild (July 31-Aug 3) (Children 4-12)

\_\_\_\_(F3) Young Adult Camp (Aug 6-9) (Adults 18-25)

\_\_\_\_(F4) Family Camp II (Aug 7-9) (All)

\_\_\_\_(1a) Adventures in Comm I (May 31-June 5) (Adult 18+)

\_\_\_\_(1b) CIT (Counselors in Training) (May 31-June 5) (Grades 11-12)

\_\_\_\_(2a) Discovery Camp (June 7-9) (Grades 1-2)

\_\_\_\_(2b) Primary Camp (June 10-13) (Grades 2-3)

\_\_\_\_(2c) High School Adventure Camp (June 7-13) (Grades 9-12)

\_\_\_\_(3a) Middle School Adventure Camp (June 14-20) (Grades 6-8)

\_\_\_\_(4a) Lower Junior Camp (June 21-26) (Grades 3-5)

\_\_\_\_(4b) Outback Camp 5-6 (June 21-26) (Grades 5-6)

\_\_\_\_(5a) High School Camp (June 28-July 4) (Grades 9-12+)

\_\_\_\_(6a) Upper Junior Camp (July 5-11) (Grades 4-6)

\_\_\_\_(6b) Outback Camp 7-8 (July 5-11) (Grades 7-8)

\_\_\_\_(7a) Hunger Games-Mocking Jay (July 12-18) (Grades 9-12)

\_\_\_\_(8a) Middle School Camp (July 19-25) (Grades 6-8)

\_\_\_\_(9a) Adventures in Comm II (Aug 3-7) (Adult 18+)

\_\_\_\_(10a) Winter Fun Camp (Dec 28-30) (Grades 5-8)

## Permissions—*Signature requested on Side 2 of this Form.*

I give permission for the camper to be photographed or electronically recorded for future Camp Mo-Val Outdoor Ministries-related promotions. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for the camper's contact information (address and phone number) to be included in a "take-home" list that is given to campers and leaders at the end of the camp session. Yes \_\_\_\_\_ No \_\_\_\_\_

## T-SHIRT & CAMP PHOTO INCLUDED IN CAMP FEE *Please indicate t-shirt size below.*

Circle camper's t-shirt size: Youth: S M L  
Adult: S M L XL XXL XXXL

CAMPER NAME \_\_\_\_\_

SIDE 2

**EMERGENCY CONTACTS**—If parents/guardians cannot be reached

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PARENT AGREEMENT & PERMISSIONS** *Please see Permissions at bottom of Side 1*

- The camper named on Side 1 of this “2015 Camper Registration” form has my permission to engage in all camp activities except as noted on the Health Form.
- I agree to return the completed Health Form 14 days prior to the camp session.
- I have read the Cancellation Policy in the Brochure; I understand and agree to abide by it.
- We (parent & camper) understand and support policies prohibiting campers from possessing or using cell phones or other communication devices, tobacco products, alcoholic beverages, non-prescribed drugs or weapons while at camp. We recognize that campers must follow safety guidelines, remain in designated areas, and refrain from harmful behavior. If a camper is unable to live within these guidelines, we understand he/she may be sent home with no refund of camp fees.
- I understand that campers will be asked to read and sign a Covenant before checking in at their cabin. (This covenant will be sent to you prior to camp. It will re-emphasize the focus for the week, items that should not be brought to camp, appropriate behavior, etc.)

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

**PASTOR / ADULT ADVISOR’S STATEMENT**

To help camp leaders make a contribution to the personal and Christian growth and development of this camper, please give any information about this camper that you feel would be helpful. \_\_\_\_\_

\_\_\_\_\_  
Signature of pastor or adult advisor \_\_\_\_\_

Printed name \_\_\_\_\_ Church name \_\_\_\_\_

**FEES**

**Fee for Camp** \$ \_\_\_\_\_

**Family Portion** *Must be enclosed* \$ \_\_\_\_\_

**Church Contribution** \$ \_\_\_\_\_

**Circle one:** “Enclosed now” “Mail later”

**Scholarship Donation/Discount** \$ \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_

*This box for Registrar Office Use.*

**Please Note:** *All Camper Fees are due PRIOR TO each camp. This includes both Family and Church portions of camper fees. We will do our best to work with families and churches to ensure all fees are paid accordingly. Thank you.*

**Please make checks payable to: MMSUCC**  
**Mail forms to: Camp Registration, 2659 Camp Mo-Val Road, Union, MO 63084.**