

Camp Maranatha / Matthew 5:13

SALT / LIGHT

No Fear...No Compromise...ONE GOD!

Last Name:		D. O. B.		Room #:	
First Name:		AGE:		PLEASE ATTACH PHOTO	
Address:		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
City/State/Zip:					
Email:		Home #	Cell #:	Work #:	
Church:		Pastor:			
Parent/Guardian:		Person Authorized to Pick up Camper			
If riding the church van please designate - CHURCH					

ALL PERSONS PICKING UP CAMPERS WILL BE REQUIRED TO SHOW A PHOTO I.D., NO EXCEPTIONS.

CAMP FEE: MUST BE PAID IN FULL BY June 1, 2018

\$10
DISCOUNT
IF YOU
REGISTER &
MAKE
DEPOSIT BY
**APRIL
26!**

- Extreme Teen: June 18 - 22 [ages: 14 - 17] CAMP FEE \$179**
 (\$10 DISCOUNT IF DEPOSIT PAID BY April 26, 2018) \$169 [t-shirt & picture included]
 Please include \$90 deposit with application. Balance due June 1, 2018
- Destiny Junior Teen: June 25 - 29 [ages: 11 - 13] CAMP FEE \$179**
 (\$10 DISCOUNT IF DEPOSIT PAID BY April 26, 2018) \$169 [t-shirt & picture included]
 Please include \$90 deposit with application. Balance due June 1, 2018
- Adventure / Kidz Quest: July 9 - 12 [ages: 7 - 10] CAMP FEE \$159**
 (\$10 DISCOUNT IF DEPOSIT PAID BY April 26, 2018) \$149 [t-shirt & picture included]
 Please include \$80 deposit with application. Balance due June 1, 2018

PLEASE SIGN HERE IF FEES ARE TO BE
BILLED TO CHURCH:

REGISTRATION FEE MUST ACCOMPANY APPLICATION. YOU ARE NOT REGISTERED UNTIL WE RECEIVE THE PROPER DEPOSIT OR FULL REGISTRATION FEE. AFTER JUNE 1st A REFUND, MINUS DEPOSIT, WILL BE GIVEN IF THE DM OFFICE IS NOTIFIED TWO FULL WEEKS PRIOR TO CAMPER'S SCHEDULED CAMP.

Mail to: CAMP MARANATHA, 5847 OAK GROVE AVENUE, DUBLIN, VIRGINIA 24084

ROOM REQUEST: (Not Guaranteed)

CIRCLE SHIRT SIZE: [SIZE NOT GUARANTEED]

ADULT: XXXL XXL XL L M S CHILD: L M S

IN THE INTEREST OF OUR CAMPERS, CAMP MARANATHA WILL OBSERVE A CLOSED CAMPUS POLICY THIS YEAR. PARENTS IF THERE IS AN EMERGENCY SITUATION AND YOU NEED TO VISIT YOUR CHILD, PLEASE NOTIFY THE CAMP OFFICE AT 540-674-5885 OR THE CAMP DIRECTOR AT 276-233-4742, WE WILL BE GLAD TO WORK WITH YOU. CHURCH YOUTH GROUPS AND FAMILY MAY ATTEND THE WEDNESDAY NIGHT SERVICE. PLEASE DO NOT ARRIVE BEFORE 6:30 P.M.. ALL VISITORS WILL NEED TO LEAVE IMMEDIATELY AT THE CLOSE OF THE SERVICE. VISITORS WILL CHECK IN AT THE BACK OF THE TABERNACLE AND WILL HAVE DESIGNATED PARKING. PLEASE DO NOT COME TO THE DORM.

CAMPER CHECK-OUT

Signature: _____	Date: _____
Please Print Name: _____	Time: _____
Worker's Signature: _____	I. D. Verified: _____
NOTES:	

Camp Maranatha 2018 MEDICAL INFORMATION and TREATMENT CONSENT FORM

In my absence I, _____, hereby authorize the Director of Camp Maranatha or his/her appointee to obtain medical treatment which may be deemed necessary for my child _____ . Furthermore, I authorize the proper dispensing of my child's prescription/over the counter drug(s), if any, as listed on this application and/or attachments. **(Prescription/Over the Counter drugs must be presented in original container with dosage instructions.)** I also hereby authorize any physician called upon by the Director of Camp Maranatha, or his/her appointee, to render medical treatment that, in his/her judgment, may be necessary for the well-being of my child. I also hereby authorize the Camp Nurse to dispense over-the-counter medication (unless listed) to my child, as he/she deems necessary. **By signing this form I declare that I have legal custodial right to do so.**



SIGNATURE REQUIRED: _____

Relationship to Child: _____

Insurance and/or Government

Program: _____

Address: _____

Subscriber I. D. or Contract #: _____

Insurance Co. Phone #: _____

Admission Precertification Phone #: _____

Group Name (Employer): _____

Group Number: _____

Employer's Address: _____

Employer's Phone #: _____

List Current Prescription or Over-the-Counter Drug(s):

List any medical conditions, disabilities/allergies:

Has, or is, your child being treated for any Mental Health issue or condition?

YES **NO**

Insurance Authorization: I authorize the release of any medical information necessary to process a claim for my dependent named in this Camp Maranatha Application. I authorize payment of medical benefits to the physician or supplier of service rendered to my dependent. I understand that I will be responsible for any balance due. **By signing this form I declare that I have legal custodial authority to do so.**



SIGNATURE REQUIRED: _____

Relationship to Child: _____

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE CAMP DIRECTOR IF A CAMPER'S MEDICAL HISTORY CHANGES PRIOR TO THEM COMING TO CAMP! NOTIFY THE CAMP DIRECTOR BY CALLING 540-674-4131 EXT. 201.

IT IS THE PARENT'S RESPONSIBILITY TO CONFIRM RECEIPT OF INFORMATION.

ACTIVITY PERMISSION FORM TO BE SIGNED BY PARENT OR GUARDIAN

The undersigned hereby and forever releases and discharges Camp Maranatha, the Appalachian Conference of the IPHC and its agencies, employees, officers and/or directors, of any and all liability of any nature which may arise while their child, _____, is a camper, as set forth in this application. The undersigned further covenants and agrees to never sue or file a claim against the aforesaid Camp Maranatha and/or the Appalachian Conference IPHC, its agencies, employees, officers and/or directors for any injury which may occur to said camper while he/she is involved in any of the activities of Camp Maranatha, which may include, but not be limited to, swimming, paintball, go carts, challenge course, climbing tower, zip line, archery, air rifles, inflatable games, etc., either on or off premises. By signing this application Parents/Guardians understand that there are risks associated with these activities including but not limited to loss or damage to personal property, injury or fatality and Camp Maranatha, nor will its staff or the Appalachian Conference IPHC be held liable in these cases as a result of camper participation. Furthermore, I give permission for my child to be transported and to attend, if any, off campus activities that might be planned. The camp has my permission to use any image of my child, alone or in a group, or any written material that he/she produces about camp for promotional purposes. The Appalachian Conference Discipleship Ministries Department has a strict **NO CELL PHONE** and **NO BULLYING** policy. **By signing this form I declare that I have legal custodial right to do so.**



SIGNATURE REQUIRED: _____

Relationship to Child: _____

HEAD LICE POLICY: ALL CAMPERS AND STAFF ARE INSPECTED FOR HEAD LICE BEFORE THEY ARE ALLOWED TO CHECK IN!

IF A CHILD/STAFF IS FOUND TO HAVE LICE OR NITS, THEY WILL BE SENT HOME AND CANNOT RETURN.

1/2 TOTAL CAMP FEE WILL BE REIMBURSED.

OFFICE USE ONLY:

DEPOSIT: _____
PAYMENT: _____

DATE: _____
DATE: _____

CK#: _____
CK#: _____

REFUND: _____

Revised 4/2018