

# Camp Carl :: Summer 2024 :: Registration Form

**Please print. Registrations will be accepted until all weeks are full. Each child requires a separate registration form for each week.**

Full Name \_\_\_\_\_ Male ☐ Female ☐

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home ( ) \_\_\_\_\_ **Circle T-Shirt Size: Youth ▶** S M L **Adult ▶** S M L XL XXL

Age \_\_\_\_\_ Full Birthdate \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_ School \_\_\_\_\_

Church \_\_\_\_\_ Children's or Youth Pastor \_\_\_\_\_

Child resides with \_\_\_\_\_

Custodial parent is: ☐ Mother ☐ Father ☐ Both/Shared ☐ Other \_\_\_\_\_

## PLEASE COMPLETE THE FOLLOWING HEALTH REPORT (A physician's signature is NOT required.)

Check any of the following conditions that apply to the registrant. In the space provided, please add any information that you believe would be helpful:

**Medical Conditions:** ☐ Asthma ☐ Bed Wetting ☐ Diabetes ☐ Seizures ☐ Sleepwalking ☐ Other

**Explain Other:** \_\_\_\_\_

**Allergies:** ☐ Hay Fever ☐ Insect Stings ☐ Ivy Poisonings ☐ Pain Killers ☐ Penicillin ☐ Sulfa ☐ Other

Describe Allergic Reaction: \_\_\_\_\_

**Additional Medical Information:** ALL MEDICATION MUST BE IN ORIGINAL CONTAINERS

Medication(s): \_\_\_\_\_

Medication(s): \_\_\_\_\_

**Special Diet or Food Restrictions:** \_\_\_\_\_

**Date of Last Tetanus Shot:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Special Problems or Conditions:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Date of Camp Week:** \_\_\_\_\_

## PARENT / GUARDIAN

Name \_\_\_\_\_

Address: ☐ Same as child ☐ Other

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Phone 2 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Email (REQUIRED) \_\_\_\_\_

## PARENT / GUARDIAN

Name \_\_\_\_\_

Address: ☐ Same as child ☐ Other

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Phone 2 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Email (REQUIRED) \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Phone 1 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Phone 2 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

## INSURANCE

Is your child covered by medical insurance? ☐ Yes ☐ No

*If insured, please provide:*

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

# Camp Carl : Summer 2024

Camper Name \_\_\_\_\_

Group Name, if applicable \_\_\_\_\_

**NOTE: Each child requires a separate registration form for each week.**



## FOR ALL CAMPERS: ACTIVITY RELEASE

► **ACTIVITIES:** Please be advised that my child is to wear a safety helmet while riding horses and participating in high ropes activities. I affirm that my child is in good health and is not under a physician's care for any undisclosed condition that bears upon his or her fitness to participate in horseback riding, high ropes, initiatives, or other camp-sponsored activities. I recognize that each participant must assume the risk of physical injury that could result from any of these activities. I release Camp Carl, its staff members, and Board of Trustees from any liability for injury to my child from participation in these activities.

► **HEALTH:** For the protection of all campers, campers with lice are unable to be retained on the premises.

► **PARENTAL MEDIA CONSENT:** I also realize that digital media of my camper or testimony may be used in the promotion of Camp Carl.

☐ Yes ☐ No I give my permission for my child to participate in the above activities.

☐ Yes ☐ No I give Camp Carl permission to contact my child's church or the local church community with information regarding spiritual decisions.

☐ Yes ☐ No I give Camp Carl permission to dispense the prescribed amount of Tylenol, Advil, or Benadryl to campers as needed.

► **ANY RESTRICTIONS:** \_\_\_\_\_  
\_\_\_\_\_

► **MEDICAL AUTHORIZATION:** I hereby authorize qualified camp personnel to give emergency medical care and determine the need for a physician's service. I understand that every attempt will be made to contact me before treatment is rendered. I recognize that the camp carries coordinated accident insurance, which is secondary to my insurance, and it is my responsibility to submit all medical billings to my personal insurance company for payment.

## Camp Fee Calculation

\$ \_\_\_\_\_ **Camp Fee**  
\$ \_\_\_\_\_ **Total Fee Due**  
\$ \_\_\_\_\_ **Total Fee Enclosed\*\***  
\$ \_\_\_\_\_ **Balance Due**

**\*\*A non-refundable deposit of \$100 is due at the time of registration. The deposit is included in the total camp fee.**

Make checks payable to **Camp Carl**  
and mail to:  
**Camp Carl**  
8054 Calvin Rd.  
Ravenna, Ohio 44266

**For questions, call**  
**330.315.5665**

**Register ONLINE at [CampCarl.life](http://CampCarl.life)**

**SIGNATURE OF PARENT/** **Please print full name of parent/legal guardian:** \_\_\_\_\_

**LEGAL GUARDIAN:**

**\* Must be signed** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please check ☒ your camp and week preference below. Each child requires a separate registration form for each week.

|   |                                |                                |                                |                                |                                |                                |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <div><div><div>Elementary</div><div>DAY CAMP</div><div>(Entering Grades 1–4)</div></div></div> |                                |                                |                                |                                |                                |                                |
| June 16–21  | June 23–28                     | June 30–July 5                 | July 7–12                      | July 21–26                     | July 28–August 2               | August 4–9                     |
| Monday–Friday   | Monday–Friday                  | Monday–Friday                  | Monday–Friday                  | Monday–Friday                  | Monday–Friday                  | Monday–Friday                  |
| <input type="checkbox"/> \$300  | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$300 |
| WE NO LONGER OFFER AN OVERNIGHT OPTION FOR DAY CAMP.  |                                |                                |                                |                                |                                |                                |

**Day Campers** get to enjoy the great outdoors by themselves during this special week. This exclusive experience is designed to give our youngest campers the chance to have a great time, make lifelong friendships, and fall in love with camp — all while gaining confidence away from home.

Here’s What You Get:

- ▶ 4 days 9am–5pm
- ▶ 4 lunches and 4 snacks included
- ▶ 4 Small Group teaching and discussion sessions to nurture spiritual, relational, and emotional growth
- ▶ 20 hours of fun activities (Lake Inflatables, Boating, Archery, Swimming, Horseback Riding, and more!)
- ▶ 6:1 Camper to Counselor ratio
- ▶ Camp Carl T-Shirt

Visit [CampCarl.life](http://CampCarl.life) for more information.

Camp Carl Housing:

Every attempt will be made to honor cabin mate requests; however, you and your friend must mutually request each other. We reserve the right to split large groups of more than five friends.

NAME(S) OF CABIN OR YURT MATE (only 2):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

Day Camp Shuttle

Choose ONE drop-off / pick-up location:

- ☐ Camp Carl
- ☐ The Chapel, Akron (Fir Hill Entrance)
- ☐ The Chapel in Green (Door A)

For the safety of our campers, if you choose to utilize the shuttle service, your camper must ride the bus every day both ways. We cannot accommodate changes to the schedule.

- ▶ DROP-OFF TIME 8AM & PICK-UP TIME 6PM.  
SPACE IS LIMITED.
- ▶ DROP-OFF AT CAMP IS AT 9AM AND  
PICK-UP IS AT 5PM.

Drop-Off / Pick-up Locations:

The Chapel, Akron  
135 Fir Hill  
Akron, OH 44304

The Chapel in Green  
1800 Raber Rd.  
Uniontown, OH 44685