

Manna Resort Christian Camp — Registration 2015

This is to be filled out by the parent or legal guardian. Please register only one camper per form, Thanks!

Camper's Name _____

Parent's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home phone _____ Work/Cell Phone _____

Email address _____

Grade Completed _____ Birthdate _____ / _____ / _____ Girl Boy

Is this your first time at Manna camp? Yes No

Cabin Mate Choice _____

Emergency Contact:

Name: _____ Phone _____
(if parent cannot be reached)

What's your T-Shirt Size?	
<input type="checkbox"/>	Child M (10-12)
<input type="checkbox"/>	Child L (14-16)
<input type="checkbox"/>	Adult Small
<input type="checkbox"/>	Medium
<input type="checkbox"/>	Large
<input type="checkbox"/>	XL
<input type="checkbox"/>	XXL
<input type="checkbox"/>	XXXL

Please Check Camp(s) Attending			
<input type="checkbox"/>	Day Camp #1	July 11	\$30
<input type="checkbox"/>	Jr. High Camp	June 18-22	\$130
<input type="checkbox"/>	Sr. High Camp	June 25-30	\$145
<input type="checkbox"/>	Kid's Camp 1	July 5-9	\$130
<input type="checkbox"/>	Primary Camp	July 10-11	\$60
<input type="checkbox"/>	Kid's Camp 2	July 12-16	\$130

Check any that Apply	
<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Carries an Inhaler
<input type="checkbox"/>	Bed Wetting
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Hay Fever
<input type="checkbox"/>	Heart Problems
<input type="checkbox"/>	Heat Exhaustion
<input type="checkbox"/>	Homesickness
<input type="checkbox"/>	Hyperactivity
<input type="checkbox"/>	Sleepwalking
<input type="checkbox"/>	Stomach Problems
<input type="checkbox"/>	Sunburn
<input type="checkbox"/>	Acid Reflux
<input type="checkbox"/>	Special Diet

Medical Information: Please note that all medications/prescriptions must be in their original container with the camper's name, doctor's name, medication name, dosage, and how it is to be administered. Medications will be administered by the camp's health care provider unless other arrangements are made at registration by a parent/guardian. We do provide Tylenol & ibuprofen in the first aid station.

1. Medications Used _____

2. List Food and Medical Allergies _____

3. Date of Last Tetanus _____ Check here if your child does not get tetanus shots
(if no tetanus date is given and you cannot be reached, the doctor may give this child a tetanus shot)

4. Have you recently been exposed to a disease? (measles, mumps, chicken pox, etc.) _____

5. Please list any limitations or special needs we should be aware of: _____

6. Doctor's Name _____ Phone # _____

Medical Insurance Company _____ Policy # _____

Medical Consent & Release

In the event of a medical emergency, and I cannot be reached during my child's participation at Manna Resort, I give permission to the doctor selected by Manna Resort to secure treatment, hospitalize, perform surgery, and prescribe medications as deemed necessary to protect my child's health and well-being. I also authorize Manna Resort to administer any medication, whether brought by the camper or available here (such as acetaminophen, ibuprofen, or other non-prescription drugs) as deemed advisable by the camp staff or a doctor, and to administer first aid when necessary. Further, in signing this form, I hereby certify that I give permission for my son or daughter to participate in the camping program of Manna Resort Christian Camp. I release Manna Resort, its agents, employees, or representatives from all claims or actions from the above named minor child participating in camp. My signature also gives permission for my child's picture to be on our website or promotional material.

Parent or Guardian Signature: _____ Date _____

Deposit Enclosed (\$30) Paid in Full Financial help requested

Mail completed form to:

**Manna Resort Camp
30331 Road E
Fairfield, NE 68938**



Questions? Call camp at 402-262-2344 or Sheryl's cell at 507-461-1366

For Office Use Only
Date _____
Amount Paid.....\$ _____
Church contribution \$ _____
Bill _____
Check # _____ cash
Amount Owed.....\$ _____