

2018 Summer Camp Registration Form

Please complete and send with deposit to:

Summer Camp Registrar
10 Camp Mitchell Rd
Morrilton, AR 72110

Camper Information

Last Name: _____ First Name: _____

Preferred Name to go by: _____ Date of Birth (M/D/Y): ___/___/___ Gender (circle one): M F

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information

Parent/Guardian: _____

Day Phone #: _____ Night Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Name: _____ Agency Contact: _____

Day Phone #: _____ Night Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Session you would like your camper to attend: _____

T-Shirt Size

Youth Sizes: S M L XL Adult Sizes: S M L XL XXL XXXL XXXXL XXXXXL

Has the camper attended Camp Mitchell before? YES NO

What activities/hobbies does this person enjoy? _____

Please send an original photograph of the camper with this form. Be sure to include the \$100 deposit.

Medical Form
(This form must be completed and signed by a doctor)

Camper's Name: _____

Camper's Physician/Health Provider: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Allergies (e.g. bee stings, food, medications), Please note the severity (e.g. requires epinephrine)

Dietary Restrictions (e.g. lactose intolerant, gluten-free, vegetarian, low fat)

History

(check all that apply)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Problems
<input type="checkbox"/> Emotional Disorders	<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Seizures
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Other _____

Please provide explanation for any of the checked items. _____

Females: Has the camper menstruated? ___ If no, has she been told about it? ___ Is menstrual history normal? ___

Operations or Serious Injuries/Dates: _____

Chronic or Recurring Illnesses/Treatment: _____

Handicap Diagnosis: _____

Please describe how the handicap affects the camper: _____

Check any activity with which the camper will need assistance:

<input type="checkbox"/> Walking	<input type="checkbox"/> Eating	<input type="checkbox"/> Bathing	<input type="checkbox"/> Dressing
<input type="checkbox"/> Hygiene	<input type="checkbox"/> Using the bathroom	<input type="checkbox"/> Verbal communication	<input type="checkbox"/> Other _____

Are there particular times of the day when the camper is harder to work with? If so, when? _____

If the camper throws a tantrum or refuses to do what he/she is told, what steps should be taken? _____

When the camper is frustrated, does he or she: ___Cry ___Pout ___Scream ___Hit ___Bite ___Other: _____

Can he or she participate in group activities? Y N

Assistive Devices

Does the camper wear glasses? Y N Color of frame: _____

Does the camper wear Hearing Aids? Y N

Level of support needed with them: _____

Other Comments or Concerns: _____

Medication Description and Dose Schedule

Note: All medications brought to camp will be checked in with the camp health care provider during registration. ALL MEDICATIONS ARE REQUIRED TO BE IN ORIGINAL CONTAINERS, WITH CURRENT PRESCRIPTION LABEL ATTACHED. If camper is taking the medication against the methods prescribed on the label, a signed note from the camper's physician or legal guardian will be required. Any over-the-counter medications will also be given to and verified by staff at registration.

Medications	Dosage (e.g., once or twice/day)	Time (e.g., AM, PM)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all the information contained in this medical form is up to date and correct

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Release Agreement

Authorization for Treatment: I hereby give permission to the medical staff selected by Camp Mitchell to secure and administer treatment, including hospitalization for the person named above.

I will instruct my child to take responsibility for going to the Health Center with the help of Camp Mitchell staff at scheduled times if special medications are involved.

I realize that individuals at camp can injure themselves without fault on the part of Camp Mitchell personnel.

I release Camp Mitchell, Camp Mitchell employees and directors, and the Episcopal Diocese of Arkansas from responsibility for injury to my child, injuries to property, real or personal, caused by, or arising out of camping and other activities sponsored by, or occurring while my child is on the premises of Camp Mitchell.

I also understand that health and accident insurance protection is my responsibility.

I give permission for my child to engage in all prescribed camp activities, except as noted. I will make sure my child understands and agrees to abide by the restrictions noted on camp activities.

I give permission for my child to be transported to hiking areas around camp by those employees of Camp Mitchell who are insured, the Executive Directors, Farm Manager, Summer Staff Coordinator, and Assistant Summer Staff Coordinator.

I understand that camper cell phones are not permitted at Camp Mitchell and will not be brought to camp, or will turn them in to the Summer Staff Coordinator upon registration.

I give permission on behalf of my child/camper for the use of the following for promotional purposes by Camp Mitchell: photographs and/or videos taken while at camp; quotations; and/or letters relating to their camp experience.

I recognize the importance of the rules set out by Camp Mitchell otherwise unstated herein. I will ensure that my child is aware of his/her responsibility to abide by these and all rules of camp and the potential repercussions, including expulsion, if not so doing.

I understand that the terms herein are contractual and not a mere recital.

I have signed this document as my own free act and in consideration of the agreement by Camp Mitchell to accept my child/camper for the camp program chosen.

I agree to all statements above. I also agree that the information I present in this form is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

Camper's Signature: _____ Date: _____

Camper Covenant

We are so excited that you have chosen to attend the Camp Mitchell Summer Camp Program. We consider it a privilege to play a role in the spiritual development of your child. To ensure an optimal experience for everyone, we ask that the camper, along with their parents or guardians, read and sign this covenant agreeing to abide by its rules.

Respect For:

- Camp Mitchell: Stay in the prescribed boundaries at all times unless instructed otherwise. Keep your counselor advised of your whereabouts. No graffiti or property damage will be tolerated. In the event of property damage, camper and parents will be held responsible.
- Counselors and Counselors in Training (CITs): They give their time and talent to you, give them the respect they are due.
- Each Other: Summer camp is a place to lift each other up, not put each other down.
- Other's Property: If it is not yours, do not touch it unless given permission.
- The Program and Session Staff: Session staff works really hard to put together a fun weekly program for the camp community, please participate!

No Profanity, drugs/alcohol, firearms/weapons.

During the course of your camper's experience, he or she will be held accountable to this agreement. Should a problem arise, every effort will be made to resolve the issue in love and respect. Continual disregard for this covenant will result in dismissal from the camping session.

I have read and understand the Camp Mitchell Summer Camp Covenant and agree to abide by its rules. I am committing to conduct myself accordingly.

Camper's Printed Name: _____

Camper's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Robert R. Brown Scholarship Application

Camper's Name: _____

Caregiver's Name: _____

Caregiver's Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Requested scholarship amount: _____
(\$75 is the maximum amount that can be issued to a camper)

Referral Agency (if applicable): _____

Please describe your financial needs/circumstances: _____

What other funding sources are available to you other than this scholarship (camper's own church, etc)?

Please complete this form and mail it with your application. Scholarship funds are limited. Please apply for funding as early as possible. Response to your request will be send prior to your camp session.