

Children's Camp
Northern Michigan District
Church of the Nazarene

August 1-August 5, 2022

Children Ages 8-12

Registration

To pre-register, complete this form and make out a check to your local church for \$140 by June 22nd and return to your church office. The local church will send all forms with one check made out to the Northern Michigan District, to: Rev. Brandon Metzger, 5199 5 Mile Rd, Hope, MI 48628, postmarked no later than July 1st. No personal checks will be accepted. Registration is limited to the first 144 campers. Reservations will be made in the order they are received. If you do not pre-register, camp costs are \$175 per camper. Room assignments are from 12-1 PM on Monday with pick up at noon on Friday.

Parents

- The emergency phone number to call camp director Brandon Metzger is (989) 948-2806
- It is a highlight for children to receive mail throughout the week, please send notes of encouragement. Be sure to allow time for delivery. All mail can be sent to:

Manton Christian Camp
9528 E. 16 Rd
Manton, MI 49661

The closing talent show is at 11 AM on Friday and all are invited to join!

Objectives of the Camping Experience

1. To know God
2. To know they are designed for a purpose
3. To meet new friends
4. To be challenged by the Word of God

Dress Code

1. Clothes appropriate for daily activities (No short shorts, bare midriffs, etc.)
2. Swimming attire must be modest including one-pieces for girls

Things to bring

1. Sleeping bag and pillow
2. Towels and washcloths
3. Plenty of clothes and swimwear
4. Bible, notebook, pen or pencil
5. Personal care items (soap, toothbrush, etc.)

Each child will be screened for head lice, by camp staff, before they are allowed to enter camp. If they are found to be carrying lice, or nits, and pose a threat of spreading the condition, you will be required to take them home. Their camp fees WILL NOT BE REFUNDED.

This camp is open to all children without regard to race, creed, color or national origin.

Camper Information

Male _____ Female _____

Name _____ Age _____

Date of Birth: _____

Phone: _____ Address: _____

Zip: _____ Grade Next School Year: _____ Home Church: _____

Applicants Agreements:

I agree to abide by all the rules of the camp and campground. I agree to give all medicines to the camp nurse and forbidden items to the Camp Director at the time of registration.

Signature of Camper: _____

TO BE COMPLETED BY PARENT FOR CAMP MEDICAL STAFF USE

Camper's Name (Last, First) _____

Parent/Guardian's Name _____

Address: _____

Home Phone: _____

- List any illnesses the camper has had in the past year: _____
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List any operations or injuries treated by a physician this past year: _____

Give the dates of the most recent immunization: Polio _____ DTAP _____ MMR _____

If the camper is on ANY KIND OF MEDICATION, please list the kind of medication, the amount, and the frequency of dosage. (All medications must be turned in to the camp nurse at registration.)

Drug _____ Dosage _____

Drug _____ Dosage _____

Drug _____ Dosage _____

Drug _____ Dosage _____

Are there physical limits, allergies, or special health considerations we need to know about? _____ YES _____ NO

If yes, explain _____

Medical Emergency Care Authorization

NOTICE: By signing this application, you are granting the operator of the children's camp organization authority to secure emergency medical and surgical treatment for your child while attending camp, if there is insufficient time to contact you. You are also giving the camp operator permission to secure routine, non-surgical medical care for your child while attending camp.

Name of Child (Print Last and First Name)

I hereby give permission to the camp director to secure emergency and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.

Parent's Signature

Parent's Signature

Release I/we do for our ourselves, our executors or other legal representatives, hereby release and forever discharge the NORTHERN MICHIGAN DISTRICT SUNDAY SCHOOL MINISTRIES, the NORTHERN MICHIGAN DISTRICT CHURCH OF THE NAZARENE, the NORTHERN MICHIGAN DISTRICT CAMP ASSOCIATIONS, the CHURCH OF THE NAZARENE, and/or any and all officers or representatives of these organizations, together with their successors, from any and all claims, demands, damage, actions and causes of action, whatsoever, which may arise by reason of any loss, damage, injury, including death through any accident in traveling to and/or from Summer Camp, or while in attendance at any summer camp; over and above our proportionate share of an insurance coverage that the said operators of the Summer Camp have established. I/we understand that the insurance provided by the camp applies only to accidents occurring during camp. If my child should go to camp in ill health, I/we understand that I/we will be contacted for treatment permission or the release of my child from camp. I/we do hereby certify that the above person is in good physical health to the best of our knowledge. I/we also give permission for video and/or photographs of my child to be used in camp publicity.

Signature of Parent/Guardian

If campers want to be placed together and they are age appropriate, please make a notation on the form. Camp closes at noon on Friday.

Please give us the name of three people that your child may be released to at the end of camp. (Included should be the name of the person who will pick up your child at the end of the week.)

1.

2.

3.

Endorsement of Pastor

Pastor

Local Church