

2011 CAMP REGISTRATION FORM

Early Bird Registration Deadline- May 1, 2011

Camper Information

Last Name _____ First _____ Middle _____
 _____ Male _____ Female Date of birth ____/____/____ Grade completed by camp _____
 Street Address _____ City _____ State _____ Zip _____
 Home phone (____) _____ Work (____) _____
 Email _____
 Name of Church and City _____
 Is this your first year at camp? _____
 If no, circle years attended: P, JR 1 2 3, CR 1 2 3 CYF 1 2 3 4

Health Information

General health condition _____ Excellent _____ Good _____ Fair _____ Poor _____
 Insurance information _____
 Person responsible for insurance coverage _____
 Health insurance carrier _____
 Policy # _____ Group # _____
 Billing Address _____
 City _____ State _____ Zip _____

Personal Physician:

Address _____ Phone _____
 Last tetanus vaccination _____
 Medication allergies _____ Sulfa _____ Penicillin _____ Tetanus _____ Aspirin _____
 Other(Explain) _____
 Environmental allergies _____ Poison ivy/oak _____ Bee/insect stings _____ Dust _____
 Hay fever _____ Other(Explain) _____
 Describe recent illness, injuries, surgeries, or exposure to contagious or infectious disease(include dates) _____
 MEDICATIONS you will be taking while at camp (include dosage instruction and any other helpful information) _____

Do you wear (check all that apply) _____ Glasses _____ Contact lenses _____ Hearing Aid _____
 Orthodontic braces _____ Orthopedic Shoes _____ Orthopedic braces _____
 Other _____

Camp Activity Restrictions _____ None _____ strenuous activities _____ swimming _____
 Other information that would be helpful _____

Emergency Contact _____
 Relationship to camper _____
 Home phone _____ Work phone _____
 Cell phone _____

PARENT OR GUARDIAN AUTHORIZATION FOR CHILD

By signing this document, I hereby certify that all information contained herein is correct. I give permission for the use of photographs including my child to be used in camp publicity. (Camper name) _____ has my/our permission to participate in camp. I/we understand that all camp activities will be closely supervised and medical and/or hospital care will be given if serious illness or injury occurs. I/we understand that I/we will be notified in case of serious illness or injury. In the event I/we cannot be contacted, I/we give permission for emergency treatment as recommended by attending physician or dentist. I/we further release the camp director and staff and the Christian Church in the Upper Midwest from responsibility and liability for any accidents or illness occurring during camp. I/we understand that the camp insurance coverage picks up where my/our insurance leaves off, up to the limits of the camp policy.

PARENT OR GUARDIAN ENDORSEMENT

I understand that the camping experience grows in intensity as the week progresses. I recognize that missing any part of the week compromises my child's experience of Christian community and affects both my individual child and the camp community as a whole. I will, to the best of my ability, ensure that my child will be able to spend a week at camp uninterrupted.

Signature of Parent or Guardian _____ Date _____

Camper Covenant

- I _____ (print name of camper) hereby agree to:
1. To spend the whole week at camp from beginning to end without interruption;
 2. To live by the rules, schedules, and purpose of the camp program;
 3. To live by the health, safety, and property care rules of the Christian Conference Center;
 4. To do my best to be a good camper and give my best to make the camp a good Christian experience for all campers and staff.

Signature of Camper _____ Date _____

Early-Bird FEE MUST BE PAID BY

May 1, 2011 or add \$25 late fee

If you chose to submit your registration to the local church make your check payable to the local church and then the local church will send one check to:

CCC—CAMP REGISTRATIONS

Christian Conference Center 5064 Lincoln Street, Newton, Iowa 50208

Please allow ample time for the local church to meet the May 1st Early Bird deadline.

If you chose to send a camp registration directly to the below address, make your check payable to the "Christian Conference Center."

For questions, please call 641-792-1266

Options for Registration and Payment

- Pay your registration in full
- Pay half (or as much as you can); coordinate with your church or with Bert (641-792-1266)
- Donate extra for "Disciples Together Scholarships" so every camper who wants can come to church camp.

For local Congregational Use Only

Signature of Pastor/Board Chair/Church official _____

Email address for us confirm campers registration _____

Regional Office use only

Amt Enclosed \$ _____ Check# _____ Date _____

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Camp	Dates	Cost
Pee Wee Camp	July 5th- 7th	100
Jr. Camp #2	June 13- 18th	210
Jr. Camp #3	June 27th- July 2	210
Jr. Camp #4	July 18th- 23rd	210
Jr. Camp #5	July 25th- 30th	210
Jr. Camp Mini #6	August 11th-13th	100
Chi Rho Camp #7	June 13th- 18th	210
Chi Rho Camp #8	June 20th- 25th	210
Chi Rho Camp #9	June 27th- July 2	210
Chi Rho Camp #11	July 11th- 16th	210
Non-Rustic Chi Rho Camp #13	August 5th- 13th	210
Rustic CYF Camp #14	July 18th- 23rd	210
CYF Camp# 15	June 20th- 25th	210
CYF Camp #16	July 11th- 16th	210
CYF Camp #17	August 1st-6th	210
Grandcamp #19 (Cabins Only)	July 8th- 9th	40 per person
Grandcamp #20	July 9th-10th	40 per person*
Grandcamp #21	July 30th-31st	40 per person*
Equestrian Camp #1	July 25 th -30 th	325
Equestrian Camp #2	August 8 th -13th	325
ADAM Camp	July 4th- 9th	210
Family Camp	August 18th-21st	\$25 per person
Golden Years Camp	September 11th-13th	/5100 a family
Adult Canoe Camp	July 30 th	100
		30

There is an additional charge of \$40 for lodge room

I would like to attend Camp # _____ My second choice is # _____

I am including this amount for my own camp registration \$ _____
 I am including this amount to help camp scholarships to all other to attend \$ _____
 My local church is providing Late Fee \$ _____
 Total: \$ _____