

# Registration Form

Send forms to: American Baptist Churches  
6404 Maple Street  
402-556-4730 Omaha, NE 68104-4079

You may register and pay online at [www.campmerrill.com](http://www.campmerrill.com)

Please fill out a separate registration form for each camper. Multiple events may be registered on the same form.

\*Camper Name: \_\_\_\_\_  
(Family name for family camp) (Last) (First) (M.I.)

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Address: \_\_\_\_\_  
(Street) (Apt. #)

\* Male  Female \*Grade Fall 2006: \_\_\_\_\_

(City) (State) (Zip)

Camper E-Mail: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

\*Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Roommate request: \_\_\_\_\_

\*Home Church: \_\_\_\_\_ City, State \_\_\_\_\_

(limit one, no siblings. Your friend must also choose you)

\*Parent/Guardian: \_\_\_\_\_

Address (if different from camper): \_\_\_\_\_  
(Street) (City) (State) (Zip)

## \*REQUIRED INFORMATION

### Select Event(s):

| Event  | Dates          | Cost             | Early Bird                              |
|--|----------------|------------------|---|
| <input type="checkbox"/> Youth Spring Retreat<br>Entering grades 7-12  | March 24-26    | \$95             | \$75<br>(before March 3)                |
| <input type="checkbox"/> Young Adult Retreat   | April 21-22    |                  |   |
| <input type="checkbox"/> Family Camp I<br><input type="checkbox"/> Tent \$55.00 <input type="checkbox"/> RV \$65.00    | May 26-29      |                  | <input type="checkbox"/> Cabin \$165.00 |
| <input type="checkbox"/> Project Camp (M-F)  | May 29-June 2  | \$60.00 donation |   |
| <input type="checkbox"/> Horse Care & Riding Camp (Su-F)<br>Limit 16 Girls Ages 12-15                                  | June 4-9       | \$230            | \$209<br>(before May 4)                 |
| <input type="checkbox"/> Junior I Camp (Su-F)<br>Entering grades 4-6   | June 11-16     | \$230            | \$209<br>(before May 11)                |
| <input type="checkbox"/> Mid High I Camp (Su-F)<br>Entering grades 7-9   | June 18-23     | \$230            | \$209<br>(before May 18)                |
| <input type="checkbox"/> Youth Music & Drama (Su-Sa)<br>Entering grades 7-12   | June 25-July 1 | \$250            | \$229<br>(before May 25)                |
| <input type="checkbox"/> All Camp Reunion<br><input type="checkbox"/> Tent \$55.00 <input type="checkbox"/> RV \$65.00 | July 1-4       |                  | <input type="checkbox"/> Cabin \$165.00 |
| <input type="checkbox"/> Wilderness Camp (Th-M)<br>Limit 12 Boys & Girls entering grades 7-9                           | July 6-10      | \$95             | \$75<br>(before June 6)                 |
| <input type="checkbox"/> Primary I Camp (F-Su)<br>Entering grades 2-3  | July 7-9       | \$75             | \$65<br>(before June 7)                 |
| <input type="checkbox"/> Junior II Camp (Su-F)<br>Entering grades 4-6  | July 9-14      | \$230            | \$209<br>(before June 9)                |
| <input type="checkbox"/> Mid High II Camp (Su-Sa)<br>Entering grades 7-9   | July 16-22     | \$250            | \$229<br>(before June 16)               |
| <input type="checkbox"/> Senior High Camp (Su-F)<br>Entering grades 10-12  | July 23-28     | \$230            | \$209<br>(before June 23)               |
| <input type="checkbox"/> Children Music & Drama (Su-F)<br>Entering grades 4-6  | July 30-Aug 4  | \$235            | \$214<br>(before June 30)               |
| <input type="checkbox"/> Primary II Camp (F-Su)<br>Entering grades 2-3   | Aug 4-6        | \$75             | \$65<br>(before July 4)                 |
| <input type="checkbox"/> Family Camp II<br><input type="checkbox"/> Tent \$55.00 <input type="checkbox"/> RV \$65.00   | Sept 1-4       |                  | <input type="checkbox"/> Cabin \$165.00 |

Camp Fee(s) Subtotal ..... \$ \_\_\_\_\_

Amount from local church ..... - \_\_\_\_\_

Total Due ..... = \_\_\_\_\_

DONATION TO HELP OTHERS ATTEND ..... + \_\_\_\_\_

Amount Enclosed (min. \$20 deposit per event) - \_\_\_\_\_

Remaining Balance (due upon arrival at camp) ... = \_\_\_\_\_

**Don't forget to fill out and SIGN the Health Form!**

Enclosed is a check for \$ \_\_\_\_\_ payable to **Camp Moses Merrill**.

### OFFICE USE ONLY:

Date Reg Rec'd \_\_\_\_\_

Event(s) \_\_\_\_\_ Fee \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Fee(s) \$ \_\_\_\_\_

Rec'd \_\_\_\_\_

(pre-event)

Church -chk# \_\_\_\_\_ \$ \_\_\_\_\_

Individual-chk# \_\_\_\_\_ \$ \_\_\_\_\_

(post-event)

Church -chk# \_\_\_\_\_ \$ \_\_\_\_\_

Individual-chk# \_\_\_\_\_ \$ \_\_\_\_\_

Campership- \$ \_\_\_\_\_

Other- \$ \_\_\_\_\_

### PLEASE MAIL TO:

American Baptist Churches  
6404 Maple Street  
Omaha, NE 68104

# Health Form

Send forms to: American Baptist Churches  
6404 Maple Street  
Omaha, NE 68104-4079

Camper Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip)

Medical Insurance Co.: \_\_\_\_\_

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

Allergies: \_\_\_\_\_ Medications currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camper Restrictions: (include dietary)  
\_\_\_\_\_  
\_\_\_\_\_

| History            | Yes | No |
|--------------------|-----|----|
| Asthma             | ↑   | ↑  |
| Convulsions        | ↑   | ↑  |
| Diabetes           | ↑   | ↑  |
| Digestive Problems | ↑   | ↑  |
| Ear infections     | ↑   | ↑  |
| Emotional problems | ↑   | ↑  |
| Heart problems     | ↑   | ↑  |
| Lung problems      | ↑   | ↑  |
| Skin problems      | ↑   | ↑  |
| Bed-wetting        | ↑   | ↑  |

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from camper) (Street) (City) (State) (Zip)

Day/Cell phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

If parent/guardian cannot be reached:

2nd Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How related: \_\_\_\_\_

Day/Cell phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

3rd Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

How related: \_\_\_\_\_

Day/Cell phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

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



By signing below, I give permission for my child to participate in the normal activities associated with Camp Moses Merrill, including hiking, swimming and horseback riding. Any exceptions are listed on the Health Form under "Camper Restrictions." I realize that some of these activities may involve dangers and risk of bodily injury. I hereby and voluntarily release, discharge, waive and relinquish any and all loss or damages or causes of action for personal injury, property damage or wrongful death occurring to my child during his or her stay at Camp Moses Merrill.

I give permission for the camp to administer medications as it deems necessary to my child. This includes medications sent with my child, or nonprescription medications available at camp.

In case of an emergency I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child.

I give permission for any photos taken during camp to be used for camp publicity.

If the staff deems it necessary for my child to be removed from camp, due to disciplinary or other problems, I will respond by promptly coming after my child.

Parent or Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_