

2009 Program Camp Registration Form

You may register and pay online at 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. #)

IMPORTANT! * Male Female

*Grade Fall 2009: _____

(City) (State) (Zip)

Camper e-mail: _____

*Phone: (____) _____ - _____

Parent e-mail: _____

*Host Church: _____ City, State _____

Roommate request: _____

*Parent/Guardian: _____

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

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

***REQUIRED INFORMATION**

Select Event(s):

Event	Dates	Cost	Early Bird
<input type="checkbox"/> Jr & Sr High Retreat	March 20-22		
<small>Grades 7-12 Details TBA—Contact Camp for more information</small>			
<input type="checkbox"/> Junior I Camp (Su-F)	June 7-12	\$240	\$219 <small>(before May 7)</small>
<small>Entering grades 4-6</small>			
<input type="checkbox"/> Youth Music & Drama (Su-Sa)	June 14-20	\$240	\$219 <small>(before May 14)</small>
<small>Entering grades 7-12</small>			
<input type="checkbox"/> Mid High I Camp (Su-F)	June 21-26	\$240	\$219 <small>(before May 21)</small>
<small>Entering grades 7-9</small>			
<input type="checkbox"/> Primary I Camp (F-Su)	June 26-28	\$ 85	\$ 75 <small>(before May 26)</small>
<small>Entering grades 2-3</small>			
<input type="checkbox"/> Horse Care & Riding Camp (Su-F)	June 28-July 3	\$240	\$219 <small>(before May 28)</small>
<small>Entering grades 7-12</small>			
<input type="checkbox"/> Family Week	June 28-July 5		
<input type="checkbox"/> Tent \$110.00 <input type="checkbox"/> RV \$130.00 <input type="checkbox"/> Cabin \$330.00			
<input type="checkbox"/> Senior High Camp (Su-F)	July 5-10	\$240	\$219 <small>(before June 5)</small>
<small>Entering grades 10-12</small>			
<input type="checkbox"/> Mid High II Camp (Su-F)	July 12-17	\$240	\$219 <small>(before June 12)</small>
<small>Entering grades 7-9</small>			
<input type="checkbox"/> Junior II Camp (Su-F)	July 19-24	\$240	\$219 <small>(before June 19)</small>
<small>Entering grades 4-6</small>			
<input type="checkbox"/> Children's Music & Drama (Su-F)	July 26-31	\$245	\$224 <small>(before June 26)</small>
<small>Entering grades 4-6</small>			
<input type="checkbox"/> Primary II Camp (F-Su)	July 31-Aug 2	\$ 85	\$ 75 <small>(before July 1)</small>
<small>Entering grades 2-3</small>			
<input type="checkbox"/> Family Camping	Sept 4-7		
<input type="checkbox"/> Tent \$55.00 <input type="checkbox"/> RV \$65.00 <input type="checkbox"/> Cabin \$165.00			

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- _____ \$ _____

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

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) ... = _____

PLEASE MAIL TO:

American Baptist Churches
 6404 Maple Street
 Omaha, NE 68104

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

2009 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	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Digestive Problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear infections	<input type="checkbox"/>	<input type="checkbox"/>
Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>
Lung problems	<input type="checkbox"/>	<input type="checkbox"/>
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>

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 actions 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 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 _____