

# 2008 Registration Form

Send forms to: American Baptist Churches  
 (877) 244-7339 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 2008: \_\_\_\_\_

\_\_\_\_\_  
 (City) (State) (Zip)

Camper e-mail: \_\_\_\_\_

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

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

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

\*Host 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"/> Jr & Sr High Retreat Entering grades 7-12	March 28-30		
Details TBA—Contact Camp for more information			
<input type="checkbox"/> April Work Project Days	April 7-12		(Meal and Lodging Reservations Required)
<input type="checkbox"/> May Work Project Days	May 5-10		(Meal and Lodging Reservations Required)
<input type="checkbox"/> Family Camp I	May 23-26		
<input type="checkbox"/> Tent \$55.00	<input type="checkbox"/> RV \$65.00		<input type="checkbox"/> Cabin \$165.00
<input type="checkbox"/> Youth Music & Drama (Su-Sa) Entering grades 7-12	June 8-14	\$240	\$219 (before May 8)
<input type="checkbox"/> Mid High I Camp (Su-F) Entering grades 7-9	June 15-20	\$240	\$219 (before May 15)
<input type="checkbox"/> Horse Care Track (no additional cost)			
<input type="checkbox"/> Junior I Camp (Su-F) Entering grades 4-6	June 22-27	\$240	\$219 (before May 22)
<input type="checkbox"/> Primary I Camp (F-Su) Entering grades 2-3	June 27-29	\$ 85	\$ 75 (before May 27)
<input type="checkbox"/> Family Week	June 29-July 6		
<input type="checkbox"/> Tent \$110.00	<input type="checkbox"/> RV \$130.00		<input type="checkbox"/> Cabin \$330.00
<input type="checkbox"/> Junior II Camp (Su-F) Entering grades 4-6	July 6-11	\$240	\$219 (before June 6)
<input type="checkbox"/> Mid High II Camp (Su-F) Entering grades 7-9	July 13-18	\$240	\$219 (before June 13)
<input type="checkbox"/> Senior High Camp (Su-F) Entering grades 10-12	July 20-25	\$240	\$219 (before June 20)
<input type="checkbox"/> Children Music & Drama (Su-F) Entering grades 4-6	July 27-Aug 1	\$245	\$224 (before June 27)
<input type="checkbox"/> Primary II Camp (F-Su) Entering grades 2-3	Aug 1-3	\$ 85	\$ 75 (before July 1)
<input type="checkbox"/> Family Camp II	Aug 29-Sept 1		
<input type="checkbox"/> Tent \$55.00	<input type="checkbox"/> RV \$65.00		<input type="checkbox"/> Cabin \$165.00
<input type="checkbox"/> New Year's Youth Event Entering grades 7-12	Dec 31-Jan 1		
Details TBA—Contact Camp for more information			

### 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# _____	\$ _____
Camper(s) _____	\$ _____
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.

# 2008 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 \_\_\_\_\_