

2012 Spring Retreat Registration Form

You may register and pay online at www.campmerrill.com
 Please fill out a separate registration form for each camper.

***Camper Name:** _____
(Last) (First) (M.I.)

***Address:** _____
(Street) (Apt. #)

(City) (State) (Zip)

***Phone:** (____) _____ - _____ Birth date: ____ / ____ / ____

Camper e-mail: _____

***Host Church:** _____ City, State _____

***Parent/Guardian:** _____

Parent e-mail: _____

Address (if different from camper):

(Street) (City) (State) (Zip)

Event	Dates	Cost	Early Bird
<input type="checkbox"/> Spring Youth Retreat Grades 7-12	March 23-25	\$100	\$85 (before March 9)

Camp Fee(s) Subtotal \$ _____

Amount from local church - _____

Total Due = _____

Enclosed is a check for \$ _____ made payable to the American Baptist Churches, Nebraska.

Please send your forms to: American Baptist Churches
 6404 Maple Street
 Omaha, NE 68104
 Or fax to: 402-556-1910

IMPORTANT!

* Male Female

***Grade:** _____

***Shirt size** _____

Don't forget to fill out and SIGN the Health Form on the other side.

OFFICE USE ONLY:

Date Reg Rec'd _____

Total Fee(s) \$ _____

Rec'd (Early Bird)

Church -chk# \$ _____

Individual-chk# \$ _____

Rec'd (Regular)

Church -chk# \$ _____

Individual-chk# \$ _____

2012 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 #: _____

Camper Restrictions: (include dietary))

Medications currently taking:

Allergies:

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 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 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 _____