

Please mark camp desired:

CAMP	COST	DATES	DEADLINE
___ Mid High Mania 1	\$225	June 8-12, 2009	May 29
___ Mid High Mania 2	\$225	June 15-19, 2009	June 5
___ Elementary 1	\$225	June 22-26, 2009	June 12
___ Elementary 2	\$225	July 6-10, 2009	June 26
___ Elementary 3	\$225	July 13-17, 2009	July 3

Fill out completely and mail to: (Name of Event), P.O. Box 20408, St. Simons Island, GA 31522. Applications are accepted on a first-come, first-served basis. Space is limited so register right away. Make checks payable to Connectional Ministries. You must turn in a legible copy of camper's health insurance card with current policy and group numbers along with health form, or camper will not be accepted.

T-shirt Size (adult sizes only):

Small Medium Large X-Large 2X-Large 3X-Large

Full Name _____

Preferred Name for Name Tag _____

Age _____ Gender _____ Birth date _____ Grade in Aug. 2009 _____

Social Security Number _____

Home Phone _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____

Work Phone _____ Mobile Phone/Pager _____

Father's Name _____

Work Phone _____ Mobile Phone/Pager _____

Emergency Contact Person _____

Phone Number _____

Local Church _____

District _____

Choice of cabin mate (ONLY ONE). Cabin mate must request you. _____

Health Form:

Please check any of the following that apply to the applicant:

Allergies Seizures Asthma Diabetes Hypoglycemia

Other: _____

List any allergies (i.e. poison ivy/oak, bee stings, medication):

Do you have any special dietary requirements? Yes No If so, describe:

Are you currently taking any medication? Yes No If so, describe:

Are you currently under a physician's care? Yes No If so, describe:

Are there any other medical or special needs that might occur while you are at camp?

Yes No If so, describe: _____

Date of last Tetanus shot _____

Do you carry family medical insurance? Yes No

(Please enclose a copy of both sides of applicant's insurance card and complete the information below)

Mother's Insurance Co. _____

Policy/Group # _____

Father's Insurance Co. _____

Policy/Group # _____

Other insurance (name) _____

Policy/Group # _____

A medical doctor's statement may be needed for special situations. I give my permission for the Connectional Ministries office to seek and provide care for this applicant in case any need arises, including natural disasters.

Parent/Guardian Signature _____

Date _____

Photos will be taken during camp that may be used for future camp promotions.

Honor Code

As a good steward of what God has entrusted to me and to preserve my witness, I agree to protect, care for, and be responsible for the property of the place at which I stay/meet. I also agree to abide by any and all rules placed on me by these entities. Administration reserves the right to send any person or group home who jeopardizes the purpose of the event for others by their misconduct. As a representative of Christ and His Church, we take seriously our responsibility to one another and our concern for the well-being of the total community.

Camper's signature _____

Date _____

PLEASE NOTE: Both the registration and health forms must be returned to guarantee registration and admittance for camp.