



2021 Summer Camp Paper Registration Form

Save time and get instant confirmation! Register online at www.mahoningvalley.org!

Camper Name: _____ Sex (M/F): _____ Birthdate: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Parent Name(s): _____ Primary Phone: _____
 Alternate Phone 1: _____ Alternate Phone 2: _____
 Fall 2021 Grade Level: _____ Baptized? (Y/N) _____ Home Church: _____

Please mark the camp session you are registering for. Please do not register outside your grade level without prior approval.

2021 Camp Schedule

Camp Week	Fall 2021 Grade Level	Camp Session Name	Session Dates	Required Deposit (Due with form)	Early-bird Discounted Total Price (If postmarked by May 17)	Regular Registration Total Price (May 18 and after)
	1st & 2nd	Day Camp 1	June 26 - 27	Free!	Free!	Free!
	1st & 2nd	Day Camp 2	July 24	Free!	Free!	Free!
	1st & 2nd	Overnighter	June 25 - 26	Free!	Free!	Free!
	3rd	Third Grade Camp	June 20 - 23	\$125	\$125	\$145
	4th & 5th	Junior Camp 1	June 13 - 18	\$125	\$250	\$290
	4th & 5th	Junior Camp 2	July 25 - 30	\$125	\$250	\$290
	6th - 8th	Middle School 1	June 6 - 11	\$125	\$250	\$290
	6th - 8th	Middle School 2	July 18 - 23	\$125	\$250	\$290
	9th - 13th	Work Camp	June 6 - 11	\$125	\$250	\$290
	9th - 13th	The High Ground	June 20 - 24	\$125	\$250	\$290
	9th - 13th	The Well	July 11 - 16	\$125	\$250	\$290
	Ages 18 - 25	College Camp	August 11 - 15	\$125	\$225	\$225

Deposit is required to register. Total price must be paid in full by the start of the camp session.

Coupon Code: _____ **(No church will be billed without a valid coupon code)**

Camp Fee Due: \$ _____

Preferred Friend (please list only one): _____

Please name one friend your camper would like to be paired in a group with. We will try to accommodate this request.

(OPTIONAL) I want to add a Pop Shop & Missions Card valued at: \$ _____

We recommend \$42 per camper for full-week sessions. You can choose any amount.

Total Amount Enclosed: _____ **(Check or money order only)**

*******Don't forget to fill out and sign page 2 of this form!*******

For Office Use Only

Postmark Date: _____ Check # _____
 Amt. Received: _____ Church Contribution: _____

Emergency Contact Information

(In case parent/guardian is unreachable in an emergency. These people will also be authorized to pick up your child from the camp.)

Name	Relationship	Phone	Phone (Alternate)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Medical Information

Food allergies: _____ Other allergies: _____

Reaction details: _____

Medications to be taken at camp: _____

Will your child require any treatments while at camp? _____

Date of last tetanus vaccination (if applicable): _____

Does your child have any restrictions on activity? _____

Family doctor: _____ Phone: _____

Family dentist: _____ Phone: _____

Health insurance policy holder full name: _____

Policy holder phone: _____ Employer (if insured through work): _____

Insurance company & plan name: _____

Health insurance policy number: _____ Group name or number: _____

Insurance company phone: _____

Disclaimer, Authorization, and Signature

I certify that in case of accident or illness the Executive Director or Dean of Campers on duty has my authority to secure medical attention if deemed needed. I understand that the camp fee does not include medical insurance and that our family medical insurance is the primary insurance, and I give permission for the release of any records necessary for treatment, referral, billing, and insurance purposes. I will not hold Mahoning Valley Christian Service Camp, its staff (both volunteer and paid), or its directors responsible for accidents. I agree that Mahoning Valley Christian Service Camp may use photos and/or videos of my child for promotional purposes. I give my permission for Mahoning Valley, through its staff and/or agents, to transport my child for program and/or emergency purposes. Mahoning Valley Christian Service Camp reserves the right to cancel any program due to unforeseen circumstances.

I have read, I understand, and I agree to be bound by these policies.

Parent/Legal Guardian Signature _____ Date: _____

Printed Name: _____

Notes: _____

Please note: The NO CELL PHONE rule will be strictly enforced. The camp experience is greatly enhanced when the camper's focus is on camp activities. Emergency phone calls are always allowed, and parents of campers will have access 24/7 via the camp phone and a faculty cell phone number (provided upon request). **Phones confiscated during camp will be returned when the camper leaves the session.**

No registrations will be taken by telephone. If you would like to pay using a credit/debit card, you must register online at www.mahoningvalley.org

Mail your completed form and payment to:

Mahoning Valley Christian Service Camp

ATTN: Registration

3823 E 225 N

Rushville, IN 46173

For specific information about each camp session, answers to frequently asked question, and much more, visit www.mahoningvalley.org or call us at 765-932-5125.