



SUMMER CAMP REGISTRATION FORM

CAMPER INFO

First Name _____ Last Name _____ Preferred Name _____ Gender _____

Birth Date: M _____ / D _____ / Y _____ Grade Completed by Beginning of Camp _____

Mailing Address _____

City _____ State _____ Zip _____ School Attended _____

Telephone: Home () _____ Cell () _____

Camper's Email _____ County _____

In signing this application, I agree to abide by all policies governing personal conduct and use of camp property as outlined in the camp brochure. I agree to cooperate and participate in all camp activities.

Camper's Signature _____ Date _____

Names of Siblings Attending Camp _____

Parent Name #1 _____ Parent Name #2 _____

Address if Different from Above _____

City _____ State _____ Zip _____ Home () _____

Work Phone () _____ Cell () _____ Email _____

Marital Status _____ Camper lives with _____

Emergency Contact: Name _____

Home () _____ Cell () _____

PARENT INFO

Indicate Camp(s) Desired _____

Indicate Dates of: First Choice _____

Second Choice _____

Congregation _____

Requests _____

FOR OFFICE USE ONLY	
Person ID	_____
Date Received	_____
Date Entered	_____
Date Conf. Sent	_____
Total Fee	_____
Paid By Parent	_____
Paid By Church	_____
Campership	_____
MC Discount	_____
Total Credited	_____
Amount Due	_____
Cancellation Date	_____
Refund Amount	_____
Date Paid Refund	_____
INFORMATION MISSING	
Parent Signature	_____
Camper Signature	_____
Date	_____

Medical Information:

Allergies: _____

Food Allergies: _____

Dietary Restrictions/Requests: _____

Please list any emotional or medical problems, behavior issues, traumatic events in the camper's life, or other information that we should know: _____

***Please be sure to read and sign agreement on page 22. →**



→ IMPORTANT: READ & SIGN

In signing this application, I certify that all information is correct and my child/ward is in good health and may participate in camping activities. Should it become necessary for him/her to return home during the week because of illness, accident, homesickness, or conduct, I will abide by the camp's decision in this matter and provide transportation.

I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. I further understand that my child/ward shares responsibility for his/her safety and I have instructed my child/ward in the importance of knowing and abiding by camp rules, regulations and procedures for the safety of the camp participant.

Further, I waive any claim that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

I also give permission for person named to be photographed and/or videotaped for promotional purposes.

Parent Signature _____ Date _____

Printed Name _____

Online Registration

Go to Camp Mack's web page, check out what camp you wish to attend and then click on the register online link. This will take you through the necessary steps to register and pay online. Once you create an account, you will be able to log in to your personalized account and register for other camps.

(Please let your camp representative know if you register online and expect your church to pay a portion of your camp fee.)

