

**Grandchild Registration
Child One**

Name _____

Date of Birth _____

Address _____

City _____

State _____ Zip _____

Phone () _____

Congregation _____

Allergies _____

Medications to be taken at Camp:

Health restrictions _____

Parent's or Guardian's signature

Please Print name below

**Grandchild Registration
Child Two**

Name _____

Date of Birth _____

Address _____

City _____

State _____ Zip _____

Phone () _____

Congregation _____

Allergies _____

Medications to be taken at Camp:

Health restrictions _____

Parent's or Guardian's signature

Please Print name below

GRAND CAMP

2017

June 15-17

And

July 30-August 1



**Camp Alexander Mack
PO Box 158
Milford, Indiana 46542**

Www.CampMack.org

Please make copies of the registration for more than 2 grandchildren.

Grand Camp...

Is for grandparents and their grandchildren ages 5-10. Since the grandparents will be responsible for the supervision of their grandchildren, we ask that you bring no more than three grandchildren.

Grand Camp...

Includes activities such as swimming, boating, hiking, games, campfires, crafts, story times & Bible study. This summer's theme is **Power Up- Living in the Spirit.**

Grand Camp...

Allows for quality time away from the distractions of home. It provides a wonderful opportunity for grandparents and grandchildren to make memories that will last a life time.

Special Note to Grandparents

You need to plan activities that will interest your grandchildren during free time. Therefore, we suggest that you bring some activities along with you.

What to Bring

- Bible
- Personal Items
- Storybooks: games
- Towels
- Bedding
- Swimsuits
- Grandchild's favorite stuffed animal

Registration Information

Complete and mail the attached form with a \$122 registration fee per adult \$92 per child.

Registration: 4 p.m.—5 p.m.

Closing: 1:30 p.m.

Make Checks payable to
Camp Mack

Directors

June 15-17

Dee Strycker & Michelle Blough

July 30-August 1

TBD

Grandparent Registration

Name _____

Date of Birth _____

Address _____

City _____

State _____ Zip _____

Phone () _____

Email _____

Congregation _____

Grand Camp Dates

- June 15-17 - Lodge Cabin
- July 30-Aug. 1 - Note preference:
 Lodge Cabin Yurt

Special needs: _____

Allergies _____

Waiver and Release Statement:

I/We waive any claim for me/us or my/our child 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 give permission for me/us and/or my/our child to be photographed and/or videotaped for promotional purposes of the camp.

Signed _____

Date _____

