REGISTRATION AND MEDICAL FORMS

❑ First Time Camper

CAMP SHIPSHEWANA 2010 REGISTRATION FORM

Name _____ Sex ___ Age ___ Birth ___/___/___ Grade Fall '10 _____

Address _____ Shirt Size: *Adult* – S M L XL 2X *Youth* – S M L

City _____ State ___ Zip _____ Church _____ Pastor _____

Parent /Guardian _____ Parent's Place of Employment _____

Home Phone (___) _____ Parent's Work Phone (___) _____

Cell Phone (___) _____ Father's Occupation _____ Mother's Occupation _____

Parent E-Mail _____ Camper E-Mail _____

Bunkmate (1 ONLY – MUST BE RECIPROCAL REQUEST TO BE HONORED) _____

CAMP ATTENDING: (Check ONE only) CAMP DATES: _____ This is my ___ year at camp.

2 DAY CAMPS	❑ ParentChild –Res	❑ Grandcamp	❑ ParentChild – Adv	❑ Mini Bible	❑ Family Fishing Wknd	
4-DAY CAMPS	❑ Blaze	❑ Nature Dis	❑ M.A.D.	❑ Archery	❑ Cooking	❑ Sports
6-DAY CAMPS	❑ Fuel	❑ Ignite	❑ SH Adv– MI	❑ JH Wild – MI	❑ Pioneer	

PAYMENT INFORMATION: Please note the cancellation & refund policy listed in this registration brochure.
For your financial convenience, families may choose to make four monthly payments by February 28th, March 28th, April 28th, and May 28th.
Credit card payments can be accepted at our website: **www.brethrenretreat.org.**

Camp Registration Fees $ _____ ❑ Deposit Only ❑ Full Payment
The total Camp Registration Fee equals the sum of the Deposit Payment and Balance Due Payment.

Early Bird (less 10%) – $ _____ (For registrations paid in full by April 30th)
Andrew Club (less $40.00) – $ _____ Andrew Club Friend: _____

Camp Photo ($5 each) + $ _____
Staff Photo ($5 each) + $ _____
Campership Fund + $ 5.00 ❑ YES! ❑ No (Your tax deductible gift helps campers attend camp)

PAYMENT: $ _____ ❑ Enclosed ❑ Online payment
Scholarship Request: ❑ Partial @25% ❑ Full @75% (Assistance must be requested by Financial Aid Application)

Deposit: Due April 30th **Balance Due Payment:** Due May 31st

CAMP OFFICE USE ONLY
Rec'd _____
Amt. Pd. _____
Bal. Rem. _____
Bal Pd. _____
Dep Pd _____
P _____
C _____
Reimb. Amt. _____

MUST SIGN TO DECLINE: Image Consent – Use of Brethren Retreat Camp & Retreat Participants and Guests Images.
I decline the Brethren Retreat at Shipshewana Lake permission to allow photographs and video tapes, utilizing my image, to be taken during any camp or retreat program sponsored by the Brethren Retreat at Shipshewana Lake.I further decline permission and consent that any such photographs and/or video tapes may be used in Brethren Retreat at Shipshewana Lake printed or electronic promotions and on the organization's website.

Signature: _____ Date: _____

Mail payment to: BRETHREN RETREAT AT SHIPSHEWANA LAKE • 9095 W 275 N • Shipshewana, IN 46565-9437

CAMP SHIPSHEWANA 2010 MEDICAL FORM

Camper's Name _____

Emergency contact other than parent:

Name _____

Relationship: _____ Phone: _____

PARENT'S AUTHORIZATION
This Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me below. In the event I cannot be reached in an EMERGENCY I hereby give permission to the Physician selected by the Brethren Retreat to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature _____ Date _____

Insurance Provider _____ # _____

HEALTH HISTORY (Check if applies)

Immunization: ❑ Complete ❑ Incomplete

❑ Allergies	❑ Asthma	❑ Bladder Control
❑ Convulsions	❑ Diabetes	❑ Ear Infections
❑ Hay fever	❑ Headaches	❑ Insect stings
❑ Ivy Poisoning	❑ Medications	❑ Special Diet

Date of Tetanus Booster (IMPORTANT!) _____
Behavior Traits/Disorders _____
Medications * _____
Operations in last 12 months _____
Specific restrictions _____
Explain above/other _____

* Parents will be asked to complete additional information for prescriptions being administered during camp.

GO TO CAMP FREE: New This Year!
Register three first time campers to attend Camp Shipshewana with you and receive a FREE Camp Shipshewana registration. This discount is not available for 2-day camp sessions (Mini Camp, Parent-Child, Grand Camp & Family Fishing Weekend).

Camper #1: _____

Camper #2: _____

Camper #3: _____

EMAIL ADDRESSES NEEDED:

Help us communicate with you more effectively.
Please record your family's email addresses in the proper space on the registration form.
Become a fan of the Brethren Retreat at Shipshewana Lake on Facebook. Follow us on Twitter at TheCampGuy.

HOW TO REGISTER

- Use a separate registration for each camp attending and each camper.
- Complete all of the REGISTRATION & MEDICAL FORM!
- Invite your friends to attend with you to obtain discounts, gifts and free camps certificates
- For your financial convenience, families may choose to make four monthly payments by February 28th, March 28th, April 28th, and May 28th. Credit card payments can be accepted at our website www.brethrenretreat.org
- Incomplete or late camp fee payments may automatically cancel the registration which will result in a $100.00 administrative fee being retained (see cancellation policy).
- Anyone may attend Camp Shipshewana, regardless of church affiliation.

CANCELLATION POLICY

Cancellations must be submitted in writing no later than 30 days prior to attendance to obtain a refund less a $100.00 administrative fee or the deposit paid (whichever is less).

Cancellations submitted in writing with less than 30 days notice prior to attendance will be refunded only 25% of the total registration fee.

Camp fees are nonrefundable and non-transferable if a camper is withdrawn from a camp session early due to homesickness or dismissed for disruptive behavior.

Camp fees will be prorated in cases of campers withdrawn from a camp session due to an accident or illness.

No refunds are extended if a camper is removed from a camp session without written consent of a health care specialist.