

Camp Shipshewana 2022 REGISTRATION



First Time Camper

Early Bird

Name _____

Sex ___ Age ___ Birth ___ / ___ / ___ Grade Fall '22 _____

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 (_____) _____

Occupation _____

Cell Phone (_____) _____

Parent's Work Phone (_____) _____

Parent E-Mail _____

Camper E-Mail _____

Bunkmate (1 ONLY - MUST BE RECIPOCAL REQUEST TO BE HONORED) _____

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

- | | | | | |
|-------------|--------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| 2-DAY CAMPS | <input type="checkbox"/> ParentChild | <input type="checkbox"/> Grandcamp | <input type="checkbox"/> Mini Bible | <input type="checkbox"/> Blaze Ext. |
| 4-DAY CAMPS | <input type="checkbox"/> Blaze | <input type="checkbox"/> Archery | <input type="checkbox"/> Cooking | |
| 6-DAY CAMPS | <input type="checkbox"/> Ignite | <input type="checkbox"/> Fuel | <input type="checkbox"/> 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.

Andrew Club (less \$40.00) -\$ _____ Andrew Club Friend: _____

Camp Photo (\$6 each) + \$ _____

Staff Photo (\$6 each) + \$ _____

Campership Fund + \$ 10.00 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

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

CAMP OFFICE USE ONLY

Church _____

Rec'd _____

Amt. Pd. _____

Bal. Rem. _____

Bal Pd. _____

Dep Pd _____

P _____

C _____

Reimb. Amt. _____

GO TO CAMP FREE!

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).

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 and Instagram:



@BrethrenRetreat.

CAMP SHIPSHEWANA 2022 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. I recognize that certain hazards and dangers are inherent in camp events and programs. I further understand that my child shares responsibility for his/her safety and I have instructed my child in the importance of knowing and abiding by camp rules, regulations, and procedures for the safety of camp participants. 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. Should it be 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 also give permission for the person named to be photographed and/or videotaped for promotional purposes.

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.

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 camp 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.campshishewana.org
- Incomplete or late camp fee payments may automatically cancel the registration which will result in a \$100.00 administration fee being retained (see cancellation policy).
- All youth may attend Camp Shishewana, 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.