

# CAMP SHIPSHEWANA 2025 REGISTRATION



☐ First Time Camper

☐ Early Bird

Name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Fall '25 \_\_\_\_\_

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 RECIPROCAL REQUEST TO BE HONORED) \_\_\_\_\_

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

2-DAY CAMPS

☐ Parent Child

☐ Grand Camp

☐ Mini Bible

☐ Family Tent

4-DAY CAMPS

☐ Archery

☐ Sports

6-DAY CAMPS

☐ Ignite

☐ Fuel

☐ Pioneer

☐ Blaze

☐ Jr Hi Wilderness

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 April 28th, May 28th, June 28th, July 28th. Credit card payments can be accepted at our website: [www.brethrenretreat.org](http://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 May 31st Balance Due **PAYMENT:** Due by first day of camp  
*Payment in full due by May 31st to earn a gift certificate redeemable in the Brethren Retreat's Novelty Nook*

Mail payment to: BRETHREN RETREAT AT SHIPSHEWANA 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:** \_\_\_\_\_

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 2025 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 retreat activities, except as noted by me below. I recognize that certain hazards and dangers are inherent in retreat 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 the Brethren Retreat's rules, regulations, and procedures for the safety of retreat participants. In the event of an extreme circumstance that both parents are unavailable and none of the listed emergency contacts are reachable in an emergency, I hereby give permission to the physician selected by the Brethren Retreat to secure proper treatment for, hospitalize, provide anesthesia, or perform surgery, for my child named above and to order injections such as anesthesia – but I DO NOT authorize any vaccines. 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.