***COVID STATEMENT** : Covid-19 is highly contagious and is known to spread mainly from person-to-person contact. By attending Camp Maranatha you agree to abide by the procedures established by the Camp to protect attendees and staff, and you voluntarily assume the risk that you, your child and or your family may be exposed to or infected by Covid-19 either at Camp or when you or your child returns home. You agree to assume all the risks of attendance and participation for you, your child and family, and waive any liability against the Camp, its Director's and Staff, the Appalachian Conference IPHC and any other parties.*

Signature:		**Date:**	

Last Name:	*First Name:*
Address:	
City:	*State:*	*Zip Code:*
DOB:	*AGE:*	*Email:*
Home Phone #:	**Cell #:**
Church:	*Pastor:*
Parent/Guardian:	*Person Authorized to Pick up Camper*
If riding the church van please designate - CHURCH	

ALL PERSONS PICKING UP CAMPERS WILL BE REQUIRED TO SHOW A PHOTO I.D., NO EXCEPTIONS.

CAMP FEE: MUST BE PAID IN FULL BY August 1, 2021

Girls' Ministries Conference

August 6 - 8, 2021

REGISTRATION $70

Embrace

Let your heart fully embrace what I have to say. *Proverbs 4:4*

ALL PARTICIPANTS REGISTERING DAY OF CAMP WILL PAY FULL FEE WITH NO T-SHIRT GUARANTEED.

PLEASE SIGN HERE IF FEES ARE TO BE BILLED TO CHURCH:

REGISTRATION FEE MUST ACCOMPANY APPLICATION. YOU ARE NOT REGISTERED UNTIL WE RECEIVE THE PROPER DEPOSIT OR FULL REGISTRATION FEE. AFTER AUGUST 1st A REFUND, MINUS DEPOSIT, WILL BE GIVEN.

ATTACH A PHOTO

Mail to: CAMP MARANATHA, 5847 OAK GROVE AVENUE, DUBLIN, VIRGINIA 24084

ROOM REQUEST: (Not Guaranteed)	**PLEASE CHECK SHIRT SIZE: [SIZE NOT GUARANTEED]**
	ADULT: XXXL XXL XL L M S **CHILD:** L M S

DUE TO CURRENT COVID GUIDELINES, IN THE INTEREST OF OUR CAMPERS AND STAFF, CAMP MARANATHA WILL OBSERVE A CLOSED CAMPUS. THIS WILL INCLUDE ALL SERVICES. PARENTS IF THERE IS AN EMERGENCY SITUATION AND YOU NEED TO VISIT YOUR CHILD, PLEASE NOTIFY THE CAMP OFFICE AT 540-674-5885 OR THE CAMP DIRECTOR AT 276-233-4742. ONCE YOU ARRIVE, CALL THE CAMP OFFICE AND STAY IN YOUR CAR UNTIL SOMEONE COMES TO GET YOU. PLEASE DO NOT COME TO THE DORM.

CAMPER CHECK-OUT

Signature:		**Date:**	
Please Print Name:		**Time:**	
Worker's Signature:		**I. D. Verified:**	
NOTES:			

Camp Maranatha 2021 MEDICAL INFORMATION and TREATMENT CONSENT FORM

In my absence I, _____, hereby authorize the Director of Camp Maranatha or his/her appointee to obtain medical treatment which may be deemed necessary for my child _____. Furthermore, I authorize the proper dispensing of my child's prescription/over the counter drug(s), if any, as listed on this application and/or attachments. **(Prescription/Over the Counter drugs must be presented in original container with dosage instructions.)** I also hereby authorize any physician called upon by the Director of Camp Maranatha, or his/her appointee, to render medical treatment that, in his/her judgment, may be necessary for the well-being of my child. I also hereby authorize the Camp Nurse to dispense over-the-counter medication (unless listed) to my child, as he/she deems necessary. **By signing this form I declare that I have legal custodial right to do so.**

SIGNATURE REQUIRED: _____

Relationship to Child: _____

Insurance and/or Government Program: _____

Address: _____

Subscriber I. D. or Contract #: _____

Insurance Co. Phone #: _____

Admission Precertification Phone #: _____

Group Name (Employer): _____

Group Number: _____

Employer's Address: _____

Employer's Phone #: _____

List any medical conditions, disabilities/allergie

List Current Prescription or Over-the-Counter Drug(s):

Has, or is, your child being treated for any Mental Health issue or condition? **YES** ☐ **NO** ☐

Insurance Authorization: I authorize the release of any medical information necessary to process a claim for my dependent named in this Camp Maranatha Application. I authorize payment of medical benefits to the physician or supplier of service rendered to my dependent. I understand that I will be responsible for any balance due. **By signing this form I declare that I have legal custodial authority to do so.**

SIGNATURE REQUIRED: _____

Relationship to Child: _____

IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE CAMP DIRECTOR IF A CAMPER'S MEDICAL HISTORY CHANGES PRIOR TO THEM COMING TO CAMP! NOTIFY THE CAMP DIRECTOR BY CALLING 540-674-4131 EXT. 201.
IT IS THE PARENT'S RESPONSIBILTY TO CONFIRM RECEIPT OF INFORMATION.

ACTIVITY PERMISSION FORM TO BE SIGNED BY PARENT OR GUARDIAN

The undersigned hereby and forever releases and discharges Camp Maranatha, the Appalachian Conference of the IPHC and its agencies, employees, officers and/or directors, of any and all liability of any nature which may arise while their child, _____, is a camper, as set forth in this application. The undersigned further covenants and agrees to never sue or file a claim against the aforesaid Camp Maranatha and/or the Appalachian Conference IPHC, its agencies, employees, officers and/or directors for any injury which may occur to said camper while he/she is involved in any of the activities of Camp Maranatha, which may include, but not be limited to, swimming, paintball, go carts, challenge course, climbing tower, zip line, archery, air rifles, inflatable games, etc., either on or off premises. By signing this application Parents/Guardians understand that there are risks associated with these activities including but not limited to loss or damage to personal property, injury or fatality and Camp Maranatha, nor will its staff or the Appalachian Conference IPHC be held liable in these cases as a result of camper participation. Furthermore, I give permission for my child to be transported and to attend, if any, off campus activities that might be planned. The camp has my permission to use any image of my child, alone or in a group, or any written material that he/she produces about camp for promotional purposes. The Appalachian Conference Discipleship Ministries Department has a strict **NO CELL PHONE, IPHONE Watch, Personal WIFI device** and **NO BULLYING policy**. **By signing this form I declare that I have legal custodial right to do so.**

SIGNATURE REQUIRED: _____

Relationship to Child: _____

HEAD LICE POLICY: ***ALL CAMPERS AND STAFF ARE INSPECTED FOR HEAD LICE BEFORE THEY ARE ALLOWED TO CHECK IN!***
IF A CHILD/STAFF IS FOUND TO HAVE LICE OR NITS, THEY WILL BE SENT HOME AND CANNOT RETURN.
1/2 TOTAL CAMP FEE WILL BE REIMBURSED.

OFFICE USE ONLY:	DEPOSIT:		DATE:		CK#:		REFUND:
	PAYMENT:		DATE:		CK#:		Revised 4/2021