

CAMP CHALLENGE

2020 Camper Registration Form



NEW IN 2020!

EARLYBIRD REGISTRATION ends March 31st. Receive canteen bonuses for referring friends or registering extra-early!

Parents/guardians are now required to select a **SECURITY WORD** at the time of registration. Requests to release or modify information must include the security word.

We are now offering gluten-free, dairy-free, and vegetarian **MEAL OPTIONS** for our campers with food restrictions!

Reminder: for the safety of our campers, we are a **NUT FREE FACILITY!** Please leave products containing nuts at home.

Campers with an **INCARCERATED PARENT** may now qualify for financial assistance through our new partnership with Angel Tree Camping Ministry!

REGISTRATION INSTRUCTIONS

1. Please complete ALL sections of the form. A church representative must sign IF your church is paying a portion of the camper registration fee.
2. Detach and submit completed form (pages 3-4) plus a copy of the front & back of your camper's health insurance card (if applicable) to the address below. Keep pages 1-2 for your records.
3. Pay camper registration fee:
 - Online at www.gocampchallenge.com/payment.
 - With check or money order made payable to Camp Challenge; write camper(s) name in the memo line.
 - In person at the camp office; please call ahead.
4. Confirmation and additional information sent upon receipt of completed form and payment.



CAMP CHALLENGE

8914 US HWY 50 E, Bedford, IN 47421

812-834-5159

www.gocampchallenge.com
registration@gocampchallenge.com

CAMP INFORMATION AND POLICIES

CHOOSING A CAMP: Please register for a camp that corresponds with the grade camper completes by the end of the **2019-2020 school year**.

CAMP FEES: See page 4. Register by 1/31 and get a \$5 Canteen bonus; refer an earlybird first-time attendee and get a \$25 Canteen bonus.

CANCELLATIONS: Requests for refunds less a \$25 cancellation fee will be considered if Camp Challenge is notified of cancellation prior to the close of session registration. Without notification, no refunds will be issued.

CAMPER CHECK-IN AND PICK-UP: Check-in is from 4-6 pm for all camps. Parents/drivers are invited to tour the camp and have refreshments during camp check-in. **ALL CAMPERS MUST BE PICKED UP AT 10:00 AM ON CLOSING DAY.**

MAIL: Address mail to campers c/o Camp Challenge, 8914 US HWY 50 E, Bedford, IN 47421. To email, please enter camper name in the subject and address to campermail@gocampchallenge.com.

VISITORS: For the protection of our campers, **WE DO NOT PERMIT VISITORS** while camp is in session.

CANTEEN: Snacks and merchandise are available for purchase at Canteen. Campers will be given the option to donate unused Canteen funds to Camp Challenge at the end of their camp.

DRESS CODE: Please only bring items that are replaceable as they could become lost, stained, or damaged. Swimsuits must be one piece. If camper only has a two-piece suit, bring a shirt to wear over the suit. Campers must wear shirts at all times except at the pool. Tops must be long enough to cover the stomach even when arms are raised. Bottoms may not be low cut, extra-short, or hang below the hips. **NO TOPS OR BOTTOMS THAT EXPOSE UNDERGARMENTS.**

MEDICATION: All medication must be in original containers and administered under health staff supervision. No medication or over-the-counter drugs are allowed in the cabins except rescue inhalers and epi-pens.

HOMESICKNESS: Campers displaying homesickness symptoms will be evaluated by health staff. If no underlying physical reasons are found for symptoms, staff and volunteers will work with camper to employ coping skills and redirect focus to camp activities. Staff will only call home if camper is in serious distress and repeated efforts to redirect fail. If this is not an appropriate strategy for your camper, please contact the camp office to discuss alternative arrangements.

PHOTOGRAPHY: Camp Challenge staff takes pictures during camp for campers, their families, and to use promotionally at the Camp's discretion including but not limited to video presentations, newsletters, web sites, and social media. By registering your child for camp, you give permission for Camp Challenge to use photos of your child for these purposes.

VANDALISM: Parents may be charged an additional fee if their campers intentionally damage or vandalize Camp property.

EXPULSION: Any person intentionally menacing campers or staff or found with any of the following items at Camp Challenge may be expelled: alcohol; vaping or tobacco products; illegal drugs; firearms or weapons; or fireworks.



WHAT TO BRING

- old comfy clothing
- 2 pairs of **closed-toe** shoes
- toiletries (toothpaste, toothbrush, comb, soap, shampoo, etc)
- washcloth & 2 towels
- flashlight
- bedding (sleeping bag or sheet & blanket, pillow)
- Bible, journal or notebook, pencil/pen
- sunscreen & bug spray
- bathing suit (if 2-piece bring shirt to wear over it)
- Snacks (no nuts please!) must be in **TIGHTLY-SEALING CONTAINERS!**

WHAT TO LEAVE AT HOME:

- electronics, including **CELL PHONES**, tablets, radios, DVD players, video games, etc
- any knives, firearms, or other weapons
- fireworks
- matches
- alcohol, tobacco or vaping products, illegal drugs, or drugs not prescribed to you
- flip flops and clothes in violation of our dress code policy

CAMPER INFORMATION *Please PRINT legibly*

Camper Name: _____ Birth Date: _____ Sex: M F
1st time here? Y N T-shirt Size: XS S M L XL 2XL 3XL Security Word (see pg 1): _____
Camper Address : _____ Camper Phone: _____
☐ Check to remove from camper directory _____ Camper Email: _____
Camper Grade: _____ School District Attended: _____
Church Attended: _____ Church City: _____
Children's/Youth Leader: _____ ☐ Check to opt out of sharing information about camper's experience with leader

I understand the main purpose of camp is to help me grow spiritually and the rules of the camp are based on Christian values. I agree to abide by and cooperate fully with the camp policies listed on page 2.

Camper Signature (Required): _____

HOW DID YOU HEAR ABOUT CAMP CHALLENGE *Please list one referral name only*

Church Online Friend/family member: _____ Other: _____

PARENT/GUARDIAN 1 INFORMATION

Name: _____ Is this person authorized to pick camper up? Y N
Address: _____ Primary Phone Number: (____) _____
_____ Secondary Phone Number: (____) _____
Email Address: _____ ☐ Check to remove email from camp mailing list

PARENT/GUARDIAN 2 INFORMATION

Name: _____ Is this person authorized to pick camper up? Y N
Address: _____ Primary Phone Number: (____) _____
_____ Secondary Phone Number: (____) _____
Email Address: _____ ☐ Check to remove email from camp mailing list

I recognize that this is a Christian camp, the Bible will be studied, and conduct consistent with Christian values will be expected of my child while at camp. I have read and consent to the camp policies on page 2.

Parent Signature (Required): _____

EMERGENCY CONTACT and ALTERNATE PICKUP *Other than parent/guardian already listed*

Emergency Contact: _____ Relation to Camper: _____
Primary Phone: _____ Secondary Phone: _____
Any others authorized to pick up camper: _____

HEALTH INFORMATION *If exposed to contagious disease within 2 weeks of camp, consult doctor before attending camp*

Circle camper dietary restrictions: None Gluten-free Dairy-free Vegetarian Other

Other dietary restrictions or food allergies: _____

Current illness, medical conditions, or allergies (indicate severity): _____

Current medications (bring medication in original container): _____

Circle any of the following conditions the camper is subject to:

Fainting Asthma Upset Stomach Seizures Bee/Wasp Allergy Nosebleeds Bed Wetting

Over-the-counter treatments may be given by health staff. Circle any camper should **NOT** receive:

Pain relievers Fever reducers Anti-allergens Indigestion relievers Topical antibiotic creams

Topical anti-itch creams Sun burn care Electrolyte replacement drinks Other: _____

Please explain any mental or emotional health issues or behavioral concerns: _____

Year of last tetanus shot: _____

Does camper have health insurance? Y N

If yes, please send a copy of the FRONT AND BACK of insurance card to
registration@gocampchallenge.com or 8914 US HWY 50 E, Bedford, IN 47421.**LIABILITY/MEDICAL RELEASE STATEMENT** *Camper will not be admitted to camp without signed statement*

I agree to exempt and relieve Camp Challenge from liability for participant's personal injury, property damage, or death from any cause. I also give permission for Camp Challenge to authorize emergency medical treatment as may be deemed necessary for the participant while at camp. I understand that I and/or my insurance company are responsible for payment of any medical costs incurred.

Signature of parent/guardian: _____ Date: _____

CABIN MATE REQUEST *We will do our best to honor MUTUAL requests, but cannot guarantee them*

First choice: _____ Second choice: _____

PAYMENT INFORMATION *Early registration is postmarked by 3/31/20; late is within 2 weeks of camp start date*

Check the camp(s) for which you are registering:

		Early	Regular	Late
<input type="checkbox"/>	Elementary (3 rd -6 th grade): Jul 5-10	\$140	\$150	\$170
<input type="checkbox"/>	Junior High (6 th -8 th grade): Jul 12-17	\$280	\$300	\$320
<input type="checkbox"/>	Senior High (8 th -12 th grade): Jul 19-24	\$280	\$300	\$320
<input type="checkbox"/>	Young Explorers (1 st -3 rd grade): Jul 26-28	\$280	\$300	\$320

Does camper have incarcerated parent? Y N

Does your church pay part of the camp fee? Y N

If yes, a church representative must fill out the remainder of this section.

Church scholarship amount: \$ _____ Signature: _____