

# CAMP CHALLENGE

## 2023 Camper Registration Form



### NEW IN 2023!

**EARLYBIRD REGISTRATION** ends March 31<sup>st</sup>. Receive canteen bonuses for referring friends or registering extra-early!

Campers and staff will be required to abide by any county or state COVID-19 regulations in effect for overnight camps by the time their session occurs.

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

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 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](http://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](http://www.gocampchallenge.com)

[registration@gocampchallenge.com](mailto: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 **2022-2023 school year**.

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

**CANCELLATIONS:** Requests for refunds less a \$25 cancellation fee will be considered if notification is given prior to the close of session registration. Without notification, no refunds will be issued. Cancellations due to COVID-19 protocols after close of registration will not be assessed the cancellation fee.

**CAMPER CHECK-IN AND PICK-UP:** Check-in is from 4-6 pm (11:30-1pm for Young Explorers). Supper (lunch for Young Explorers) will be served on opening day. **ALL CAMPERS MUST BE PICKED UP AT 10:00 AM ON THE 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](mailto: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**, internet- or text-enabled watches, tablets, DVD players, radios, 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  
1<sup>st</sup> 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: \_\_\_\_\_  
 Check to opt out of sharing information  
Children's/Youth Leader: \_\_\_\_\_ 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 3/31/23; late is within 2 weeks of camp start date\*

Check the camp(s) for which you are registering:  
*Register by camper grade at the end of 2022-2023 school year*

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.*

<input type="checkbox"/>	Young Explorers (1 <sup>st</sup> -3 <sup>rd</sup> )	June 8-10
<input type="checkbox"/>	Senior High (9 <sup>th</sup> -12 <sup>th</sup> )	June 11-16
<input type="checkbox"/>	6 <sup>th</sup> /7 <sup>th</sup> /8 <sup>th</sup> Grade	June 18-23
<input type="checkbox"/>	3 <sup>rd</sup> /4 <sup>th</sup> /5 <sup>th</sup> Grade	Jun 25-30
<input type="checkbox"/>	4 <sup>th</sup> /5 <sup>th</sup> /6 <sup>th</sup> Grade	July 9-14
<input type="checkbox"/>	5 <sup>th</sup> /6 <sup>th</sup> /7 <sup>th</sup> Grade	July 16-21
<input type="checkbox"/>	Spring Retreat	March 24-26

Early	Regular	Late
\$160	\$170	\$190
\$320	\$340	\$360
\$320	\$340	\$360
\$320	\$340	\$360
\$320	\$340	\$360
\$320	\$340	\$360
\$175	\$175	\$195

Church scholarship amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_