

# 2018 Youth Summer Camp Registration

For All Youth Summer Camp Registrations only.

Camper's first & last names		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name of Camp Session	Session #
Birthdate	Age	Grade Next Fall		<b>Cabinmate - Optional</b>	
Parent(s)' Name(s)					
Home phone #		One parent's work phone (mother <input type="checkbox"/> father <input 6"="" type="checkbox/&gt;)&lt;/td&gt; &lt;/tr&gt; &lt;tr&gt; &lt;td colspan="/> Mailing Address			
City		State	Zip Code		
Parent EMail Address (REQUIRED--Please see Red Box)					
Emergency Contact (Must be different than parents or guardians) REQUIRED					
Emergency Contact Phone Number REQUIRED					
Home Congregation Name and City			Pastor(s)		
<input type="checkbox"/> Returning Camper		<input type="checkbox"/> First Time Camper			
<p><b>Parent(s): Read the following statement and sign:</b></p> <p>I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give permission to the physician selected by the Camp Staff to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as I named above. I have read the registration, payment, refund, and cancellation information and agree to the provisions as stated. I have read and agree to the Metigoshe Ministries Terms &amp; Conditions, found at: <a href="http://metigosheministries.com/terms-and-conditions">http://metigosheministries.com/terms-and-conditions</a>.</p>					
_____ Parent or Guardian MUST sign this line.					
<p><b>Early-Bird Incentive</b> Register by Friday, April 6 and you will receive a cool Camp Metigoshe t-shirt with a \$10 discount OR a \$20 discount. Your choice!</p> <p><input type="checkbox"/> \$20 Discount <input type="checkbox"/> \$10 Discount and Camp Metigoshe T-Shirt <b>Circle Size Adult XL L M S Youth L M S</b></p> <p><b>Family Plan</b> Second child's fee will be reduced by \$10.00, third child's fee by \$10.00, etc. List only the names of camper's brothers and sisters who will also attend a camp. <b>First child from a family does not receive a discount.</b></p> <p>Sibling(s) Name(s)</p>					
<p><b>Food Allergies or Special Needs</b> We strive to provide the best experience possible for all campers. Please call our office to talk with the Program Director (701-263-4788) about any food allergies, special dietary needs or other physical or emotional needs that we should be aware of. Also, provide a brief explanation here.</p>					
<p>Please turn over to complete all information on page 2. Registration can not be processed without all information.</p>					

**Return completed registration form with \$100\* deposit to: Metigoshe Ministries, 10605 Lake Loop Road E, Bottineau, ND 58318**

- \* Upon receiving and processing your registration, you will receive an email with a login to your online account and further instructions for completing and submitting all Health/Medical Forms and the High Ropes Form (for camps with this option). Please follow the instructions in the email to complete your forms. If you have questions, please contact Peggy at registrar@MetigosheMinistries.com or call 701-263-4788. Online forms will not be available to complete 1 week prior to camp.
- \* All forms must be completed and submitted before coming to camp.
- \* **The balance is due two weeks prior to the beginning of camp.** Your deposit is refundable on or before May 31 or up to 30 days before the registered camp session. Any cancellation after May 31 or within 30 days of the registered camp session, \$100 deposit is non-refundable. **Balances not paid one week prior to your camp date will have an additional \$20 late charge added to the balance.**
- \* **If you register within one month of your camp session, your entire balance will be due with your registration form.**
- \* No refunds will be given for any cancellations within 2 weeks of camp or for "no shows" at camp.



Camp Metigoshe is accredited by the American Camp Association



For Office Use Only:

Date Received \_\_\_\_\_ Check Number \_\_\_\_\_ Amount Received \_\_\_\_\_ Check Writer \_\_\_\_\_

