

MERRIWOOD CHRISTIAN CAMP REGISTRATION 2024

Camper Name _____
 Address _____
 City, State, Zip _____
 Grade entering in Fall 2024 _____
 Birthdate ____/____/____ Gender M F
 Church _____
 First time camper at MCC? Yes No
 If yes, how did you hear about MCC? _____
 Camper lives with: Both Parents
 Mother Father Joint custody Other
 If Other, List relationship & name _____
 Primary Guardian Name _____
 Phone (____) _____ or (____) _____
 Secondary Guardian Name _____
 Phone (____) _____ or (____) _____
 Parent E-mail _____

PLEASE SELECT WEEK TO ATTEND:

You may wish to call Merriwood to check availability before mailing form.
Day Camps (rising 1st – 4th grade) \$285/week

- 1st Day Camp Week June 10-14 *
 * Check school schedule to make sure student's school is completed.
 2nd Day Camp Week July 1-5
DAY CAMPERS ONLY: A T-shirt is included in the cost.
 Please circle size: Youth: YS (6/8) YM (10/12) YL (14-16) Adult: S M

Junior Weeks (rising 4th – 6th grade) \$425/week

- 1st Junior Week June 17-21
 2nd Junior Week July 15-19
 3rd Junior Week August 5-9

Middle School Weeks (rising 7th – 9th grade) \$465/week

- 1st Middle School Week June 24-29
 2nd Middle School Week July 22-27 (This week fills fast.)
 3rd Middle School Week July 29-August 3

Teen Week (rising 10th- 2024 Graduates) \$495/week

- July 7-13 (Sun-Sat) (Teen Week fills up quickly!)
TEEN WEEK EXPEDITION DAY OPTIONS (Select one)
 * Hiking and Biking available to all grades in 2024. Rafting available to Rising 11th and above. ** Sunday check in is, July 7th, 4:00-5:00 pm
 Day Hike (moderate to challenging) – Additional \$20
 Bike Trip— (easy to moderate) – Additional \$60
 White Water Rafting (Upper New River, class 1-3 rapids)-\$85
 White Water Rafting (Lower New River, class 1-5 rapids)-\$95

CABIN/FRIEND REQUEST

1) _____ 2) _____
 * Must be same gender. We cannot guarantee roommates if they are not mutual (your choices must also choose you). The largest grouping we'll put together is three.
 * Day Campers: Friend must also be same grade.

9640 Center Grove Church Rd., Clemmons, NC 27012 Phone (336) 766-5151
registration@campmerriwood.net www.campmerriwood.net

MEDICAL INFORMATION

(A doctor's physical is NOT necessary to complete this form.)

Each camper should be immunized against the following:
 Polio, Measles, Rubella, Diphtheria, Whooping Cough, Tetanus.
 Check one: Camper is is not up to date on these immunizations.
 (Please contact the office if camper is not up to date or is claiming a religious exemption.)

Indicate if the camper has a history or diagnosis of any of the following:

- | | |
|---|---|
| <input type="checkbox"/> ADHD/ Focus Concerns | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Asthma/breathing concerns | <input type="checkbox"/> Heat-related episodes |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Heart concerns |
| <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Sensory Processing Disorder |
| <input type="checkbox"/> Anxiety or panic attacks | <input type="checkbox"/> Oppositional Defiance Disorder/ Conduct Disorder |
| <input type="checkbox"/> Bone or ligament damage | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Seizure(s) | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Concussion(s) | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Depression, bipolar, mood disorder or mental health concerns/diagnosis | <input type="checkbox"/> Thoughts about hurting self or others |
| | <input type="checkbox"/> OTHER: _____ |

We are not an exceptional needs camp and may not be able to accommodate all campers. MCC may contact you for more details to determine if MCC is a good fit for your camper.

Does the camper have any Life-Threatening Allergy that requires an Epi-pen?
 Yes No

Please use the back of this page or attach information regarding allergies, triggers and course of action to be taken if coming in contact with allergen. MCC will contact you to complete a Life Threatening Allergy Form.

Does the camper have any dietary restrictions? Yes No If yes, MCC will contact you with a Special Diet Form. Please list restrictions on back or attach details.

INSURANCE INFORMATION

Name of Person with Insurance: _____
 Medical Insurance Co. _____
 Policy Number: _____
 Group Number: _____

MEDICAL WAIVER: I hereby grant permission for _____, a minor, to attend Merriwood Christian Camp ("MCC"). I, _____, hereby affirm and agree that I am the parent or legal guardian of Minor; that I am legally competent to sign this agreement and release; that I have fully informed myself of this agreement by reading it before signing; and that I have fully informed myself of the details and risks of attending MCC prior to signing this release. I agree, individually and on behalf of Minor, to release and hold harmless Salem Baptist Church ("SBC"), MCC, its agents, officers, directors, employees and volunteers (collectively referred to as the "Church") from any and all liability as a result of any and all injuries, death, damages, or losses including personal property sustained by Minor while participating in MCC. I further agree to hold the Church harmless and to bear the cost of their legal defense if any suit of legal or equitable action is brought against any of them as a result of any and all injuries, death, damages, or losses including personal property suffered by Minor while at MCC; or any injury, death, damage or loss including personal property resulting from negligence or lack of care due to the conduct of the Church. In the event Minor is injured while at MCC and I am unable to provide consent to his or her medical treatment, I authorize the Church to consent on my behalf to the performance of any and all medical treatment judged necessary by the Church until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify and hold the Church harmless from any liability sustained as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment. I understand that, if at all possible, parent(s) and/or guardian(s) will be notified of medical treatment beforehand. I affirm that the medical information on this form is both complete and correct.

VIDEO/PHOTOGRAPHY WAIVER: I agree that any pictures or video taken of my child while at camp may be used in any publications for the Church and/or its affiliates. I understand that publications may be accomplished electronically via the Internet and that after publication the Church will be unable to prevent persons from gaining access to the Internet, copying these photographs and/or video, and/or using, altering, or republishing without my consent. I waive any claim for damages against the Church for any copying, altering or republishing of these photos or videos with or without my consent.

EXCEPTIONAL NEEDS POLICY: We are not a special needs camp, nor are we able to staff specifically for special needs. Although we try to accommodate as many campers as possible, we also have to look at each unique situation and make a decision that is in the best interest of the individual, the other campers, and our staff's abilities. **If your child has exceptional emotional, medical, behavioral, psychological, or physical needs and/or if they are not in a mainstreamed classroom, parents agree to call the camp office to discuss whether Merriwood is able to accommodate your camper before registering them for a camp week.** Parents agree to disclose any and all information concerning the emotional, medical, behavioral, physical, and psychological needs of the child. Campers with special needs who have not completed MCC's screening process may not be allowed to attend camp. If campers have undisclosed information this could result in the camper being dismissed from the camp without refund should any issues arise. Exceptional needs include (but are not limited to) eating disorders, self harm or others harm, anxiety or panic attacks, depression or other mental health diagnosis, Diabetes, Autism Spectrum, Oppositional Defiance Disorder, Seizure(s), Cerebral Palsy, and Down Syndrome.

MOBILE DEVICE POLICY: Our desire is that campers focus on the program of the camp week while in our care. Cell phones are not permitted and may be cause for dismissal without refund.

PAYMENTS/REFUNDS/TRANSFER POLICY: A non-refundable, non-transferable deposit of \$75 is required to reserve your child's space in a camp week. The remaining camp fees are due two months before your camp week begins. If you are unable to pay your balance two months prior to camp, please contact the registrar to request a payment extension. If the reservation is canceled more than two months prior to the camp week, all fees paid other than the \$75 deposit will be refunded. **If the reservation is cancelled less than two months, but more than one month before the camp week, 50% of the fees paid will be refunded, less the \$75 deposit. If the camp week is canceled less than one month prior to the camp week, no refund will be given. Some exceptions may be made if there is a medical emergency or a death in the immediate family. (Verification may be required before a refund is processed.) Final payments not made within one month of the start date will be assessed a \$25 late fee and/or may result in forfeiting the camper's space.** Transfers from one week to another are allowed as long as space is available. A \$25 Transfer Fee will be assessed. Camper cancellation insurance now available. See details in online registration portal.

I understand there is an additional Communicable Disease Waiver I must read & sign below.
I have read these policies, understand them, and agree to abide by them.

Parent/Guardian Signature:

Date: _____

PAYMENT

- I am paying minimum of \$75 deposit today
 I am paying in full today – Amount of week is \$ _____
If coming with a church group, please make payment to church.

PAYMENT TYPE: CHECK CASH CREDIT CARD
 (Call office at 336-766-5151 with your card info.)

(Revised 10/18/23)

MERRIWOOD CHRISTIAN CAMP
Communicable Disease Waiver And Covenant Not to Sue

In choosing to have my child participate in or attend a program on the property of Merriwood Christian Camp in Clemmons, NC, I understand and acknowledge that naturally occurring disease processes (including, but not limited to, COVID-19 virus) can occur in any part of the environment, indoor or outdoor, in which Merriwood activities take place. I acknowledge that, while Merriwood has taken reasonable measures to avoid contact, transmittal, and exposure of viruses between people (including between campers, students, leaders, program participants, employees, volunteers, and third parties), it is ultimately my sole responsibility to ensure that I and/or my child takes appropriate actions to safe-guard ourselves. I understand and agree that by participating and/or by allowing my child to participate at Merriwood, I am accepting and assuming the risk that I or my child may be exposed and become ill as a result of a communicable diseases (including COVID-19) and that this is an inherent risk of attending an activity at Merriwood.

In addition to the release of claims I agreed to in the Participant Agreement for my child to attend Merriwood, I, on behalf of myself and/or our child and our respective heirs, successors, and assigns hereby voluntarily release, forever discharge and covenant not to sue MERRIWOOD CHRISTIAN CAMP or SALEM BAPTIST CHURCH and, if any, its owners, managers, members, employees, agents, and volunteers (“Released Parties”) for any claims that may arise out of or relate in any way to my child’s exposure to any communicable disease, including (but not limited to) COVID-19. The claims hereby released include, but are not limited to, claims of negligence against any of the Released Parties.

Finally, I further agree that in the event that MERRIWOOD believes that either I or my child may have been exposed to COVID-19 or any other communicable disease, MERRIWOOD, in its sole discretion, may require that I or my child be separated and quarantined from the MERRIWOOD community. I authorize and permit MERRIWOOD to seek and take any and all reasonable steps, including medical intervention, in the event of my or my child’s exposure.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. BY SIGNING BELOW, I UNDERSTAND THAT I HAVE GIVEN UP CERTAIN LEGAL RIGHTS AND THAT THIS IS A BINDING LEGAL DOCUMENT.

By signing this on behalf of a Minor Participant or for myself, I understand that I am binding myself and the Minor Participant as set out above and that this Agreement is fully integrated and supersedes any oral or written expressions between the Parties about MERRIWOOD CHRISTIAN CAMP AND/OR SALEM BAPTIST CHURCH and participation with its activities.

Print Name of Minor Child or Adult Participant Attending MCC

Date(s) of Attending MCC

Signature of Parent, Legal Guardian, or Adult Participant

Date Signed