

Camper's name \_\_\_\_\_

Age/Birthdate \_\_\_\_\_

Street \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name/phone \_\_\_\_\_

Parent Name/phone \_\_\_\_\_

E:mail \_\_\_\_\_

Home church \_\_\_\_\_

Minister name/phone \_\_\_\_\_

Has the camper been baptized? \_\_\_\_\_

When/Where? \_\_\_\_\_

Grade entering in Fall \_\_\_\_\_

Who will pick up Camper? \_\_\_\_\_

Health record: What restrictions, if any should be observed in ACTIVE camp life?  
\_\_\_\_\_

Adverse reactions to medications  
\_\_\_\_\_

Doctor's name/phone \_\_\_\_\_

Special Instructions \_\_\_\_\_

The campers will be supervised and if serious illness or injury develops, medical and/or hospital care will be provided. I further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician. I have read and understand the above information. **(Attach additional restrictions and allergies sheet if needed)**

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

**Please Complete this Form, and Mail to the Address Listed Below**

Name of Camp Week Attending \_\_\_\_\_ Date of Camp \_\_\_\_\_

**MVCSC, 24201 State Route 100, Pittsfield, IL 62363**

**Audio/Visual Release**

I give MVCSC permission to record and use still photographs or audio/video recording of myself/son/daughter. I agree and understand that such material may be used in an informational and educational manner for the purpose of promoting MVCSC. I understand that any images of myself/son/daughter will be presented in a manner such that there will be no infringement of my/his/her privacy and that the utmost respect will be shown in the use and presentation of such material.

**Parent's Signature:**

\_\_\_\_\_

**\*For Office Use Only\***

Amount Paid \_\_\_\_\_

Credit Card \_\_\_\_\_

Date Received \_\_\_\_\_

Church to Pay \_\_\_\_\_

**If church is to pay, camper/parent must attach signed voucher, letter or check from the church to this form**

**What to Bring:**

**Clothing:** Modest clothing for classes, recreation, swimming, evening, rain gear, sweater/jacket. While choosing your clothing for camp, please remember that **modesty** is the key. **Please, no bikinis, short shorts, halter tops, etc.**

**Bedding:** single sheet, pillow with case, blanket and/or sleeping bag

**Personal Items:** **BIBLE**, towels, washcloth, soap, shampoo, toothpaste, toothbrush, comb, hairdryer, sunscreen, notebook, pen/pencil. **CANTEEN or WATERBOTTLE**

**Money:** Offerings will be taken in older age group camps.

**Medication** – will be dispensed by the camp nurse so bring yours to registration.

**Personal Electronics:** including phones may be confiscated. Please don't bring them.

Please ensure all valuable and personal items are marked with the camper's name.

**Not responsible for lost, stolen or damaged items**

**MVCSC**

Mail: 24201 State Route 100

Pittsfield, IL 62363

Phone: (217)723-4337

Email: [mvcsc@irtc.net](mailto:mvcsc@irtc.net)

Web: [mvcsc.net](http://mvcsc.net)

[Facebook.com/MVCSC.Camp/](https://www.facebook.com/MVCSC.Camp/)

**Financial Support**

The camp is supported by the camp fees *and the offerings* of churches and individuals. If you would like to donate, please see one of the camp staff or mail your tax-deductible gift to the camp.

