



Marannook 2009 Summer Camp

We have received many inquiries about Day Camp this year and have decided to offer two additional weeks of **Day Camp** for 1st – 4th graders to try to accommodate as many children as possible. The two extra weeks are, July 20-24, and July 27-31, 2009.

Marannook 2009

Mailing Address: P. O. BOX 581 LA FAYETTE, AL 36862 (334) 864-7504
 Physical Address: 10425 Veterans Memorial Parkway, LaFayette AL 36862

You must **completely fill out this form (including signatures on the front and back) and return it with your deposit before we can hold your reservation for camp.** Please make checks payable to Marannook. Please do not fax the registration form to us. Feel free to make copies of this form. Please do not put more than one child on a form. Deposits are deducted from the total fee and must be received by Marannook to reserve a place in camp:

FOR OVERNIGHT CAMP enclose a \$100.00 non-refundable deposit. FOR DAY CAMP enclose a \$100.00 non-refundable deposit. *Please note that payments may be made (monthly or otherwise), as long as balance is paid by March 1 for Super Early Bird, April 1 for Early Bird, and June 1 for regular registration.*

Camper's Full Name _____ Grade **Fall '09** _____
 Camper's Preferred Name _____ Age _____ Sex _____ School _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____ Birth date ____-____-____ Church _____ Pastor _____
 Parent/Guardian _____ Work Phone(____) _____
 Preferred Name: Husband _____ Wife _____ E-mail _____
 Emergency Contact (other than parents) _____ Phone (____) _____

How did you learn about Marannook? Internet, Camp Expo, Church, Friend, Other _____

Check choice of camp according to grade entering Fall 2009:

OVERNIGHT CAMP \$675 per week			DAY CAMP \$305 per week		
<u>7th-9th grades</u>	<u>1st-4th grades</u>		<u>5th-7th grades</u>		<u>1st-4th grades</u>
Jr. High Camp June 7-12 _____	Week 2 June 28-July 3 _____	Week 3 July 5-10 _____	Week 4 July 19-24 _____	Week 5 July 26-31 _____	Week 2 June 29-July 3 _____
	Weeks 2 & 3 June 28-July 10 _____		Weeks 4 & 5 July 19- July 31 _____		Week 3 July 6-10 _____
					Week 4 July 20-24 _____
					Week 5 July 27-31 _____

Cabin Placement Policy:

We have found it best to group campers by their birth dates. One of the benefits of the camp experience is the opportunity to meet new people and make new friends from different areas. It is a joy to see friendships form and grow from the moment the children arrive and get settled in their cabins. Our counselors are specially trained to draw their campers together and foster those relationships from the very beginning. This policy also helps to include all the children in a cabin group by discouraging cliques. The only exception to this policy is concerning twins. If you have twins, we ask you to request if you would like them to be together or separated.

We fully understand the desire for friends to come to camp together. Even if campers are not in the same cabin they will have many opportunities throughout the day to interact with one another. They will see each other at meal times, Bible Time, swim time and during many of the camp activities. We feel this policy enriches the camp experience by allowing your child to make new friends as well as grow in current friendships. There are many past campers who tell us that over the years they have kept up with friends they made at camp. If you have any specific questions about our cabin placement policy please call our registrar in the office at 334-864-7504.

OFFICE USE ONLY		
	O	R
	D	N

****VERY IMPORTANT**PLEASE READ IMMEDIATELY**VERY IMPORTANT****

Marannook requires the execution of the following liability Waiver and Release.

Marannook strives to conduct its camping programs and activities in a safe manner and holds the safety of all participants in the highest regard. Parents registering children for camp must recognize, however, that there is an inherent risk of injury when choosing to participate in camp. Marannook continually strives to reduce such risks and insists that all staff and campers follow safety rules and instructions which have been designed to protect the campers.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering your camper for camp you will be waiving and releasing all claims for injuries, damages, or loss you or your camper might sustain through participation while at Marannook.

Please call if you have questions about any of the following activities.

All campers will participate in the following activities:		
-Bible Time	-Archery	-Maze
-Canoeing	-Swimming	-Campfire
Special activities for Junior High campers (7th-9th grades):		
-Genesis Game	-Square Dance	-Low Ropes Course
-Storm the Beach	-Ultimate Frisbee	-High Ropes Course
-Channel Challenge	-Climbing and Rappelling Tower	
Special activities for 5th-7th grade campers:		
-Campout in tents	-Channel Challenge-High Elements Course	
-Wood Challenge	-Crafts	-Field Games
-Slip-N-Slide		
Special activities for 1st-4th grade campers:		
-Fishing	-Nature Trail	-Gem Find
-Crafts	-Field Games	-Wood Challenge
-Fireworks show during 4 th of July week		-Carnival

As a parent/guardian of a camper at Marannook, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my camper may sustain as a result of participating in any and all activities connected with, or in any way associated with Marannook.

I further agree to indemnify, hold harmless, and defend Marannook, its board members, executive officers, staff, and employees from any and all claims for injuries, damages, or loss sustained by me or my camper arising out of, connected with, or in any way associated with Marannook.

I give permission to use any photographs, video tape recordings, and/or sound recordings of the minor named below for promotional purposes.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE PROGRAM DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

Camper's Full Name (Please print) _____

Signature of parent or legal guardian

Date

***THIS WAIVER AND RELEASE MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN FOR CAMP ATTENDANCE. PLEASE SIGN AND RETURN TO MARANNOOK, INC., P. O. BOX 581, LAFAYETTE, AL 36862. IF YOU HAVE QUESTIONS, PLEASE CALL THE OFFICE AT 334-864-7504**

Medical Information:

Do you carry medical insurance? yes Carrier _____ Policy # _____
 no Group # _____

Immunizations: Are immunizations up-to-date? Yes No

Was the last tetanus within the last 5 years? 10 years?

a. General Health: _____

b. Limitations: _____

c. Special Diet: _____

Reason: _____

If needed attach sample menu or special food list.

d. Allergies: _____

e. Medications which will be brought to camp:

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

f. Was the camper's last physical within 2 years of camp date? yes no

g. Doctor's Name: _____

Office Phone: (____) _____ Home Phone: (____) _____

h. Orthodontist's Name (if camper has braces or retainers): _____

Office Phone: (____) _____ Home Phone: (____) _____

Authorization for treatment and release of medical information:

The following is a complete list of oral over-the-counter medications available at Marannook to treat temporary discomforts that might occur. Please circle any medication you do NOT want given to your child during their stay at camp.

Benadryl: elixir and tablets

Pepto bismol

Gas-X tablets

Dimetap elixir

Tums

Halls Cough Drops

Sudafed tablets

Emetrol

Docusate sodium

Chlortrimeton

Imodium AD

Ibuprofen: elixir and tablets

Robitussin DM

Tylenol: chewable, elixir,
Junior/Regular/Extra Strength

Hydrocortisone 1% cream

Claritin

tablets

Antibiotic ointment

Please note: medications are given only if appropriate for the child's age, and dosages are based upon the child's age and weight.

I hereby authorize the administration of any of the above medications, with the exception of those circled, to my child as deemed appropriate and necessary by the Marannook medical staff.

In the event of any emergency, I authorize camp officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my or my camper's immediate care and agree that I will be responsible for payment of any medical services rendered.

I also authorize the release of any personal or health information from Marannook to its employees or outside medical personnel, as they deem necessary to insure complete and quality medical care for my camper or myself.

Campers Full Name

Date of Birth

Parent/ Guardian Signature

Date