Camper Registration Form

Winter Camp at Camp Carmel

*Please fill out the registration form completely. Leave nothing blank. Upon proper completion, mail or email form to Erica Leeds, Camp Carmel Director. Her information can be found at the end of this form.

This camper will attend **Winter Camp** at
Camp Carmel from **December 30, 2026 - January 2, 2027.**

Please NOTE: Drop-off for Winter Camp begins at 5:30pm on the 30th. A light supper will be provided. All Campers must be picked up beginning at 10am, and by 11am on the morning of the 2nd.

Camper First Name: _____ Camper Last Name: _____

Date of Birth: _____ Age during camp: ____ Current Grade: _____ ☐ Male ☐ Female

Home Phone: _____ Parent Cell Phone: _____

Home Street Address: _____ City, State, Zip: _____

Parent Email: _____ Home Church: _____

Reminder: Do NOT leave any fields blank!

If necessary, write SAME AS ABOVE or N/A.

----------Father/Guardian----------

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

E-mail Address:_____

Employer: _____

----------Mother/Guardian----------

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

E-mail Address: _____

Employer: _____

----------Emergency Contact----------

Contact Name: _____

Relationship to Camper: _____

Phone: _____

----------Pick Up Authorization----------

Person(s) authorized to transport camper to/from camp: _____

Person(s) NOT authorized to transport camper to/from camp: _____

FOR CAMPERS: I understand that this camp seeks to provide a safe, spiritually enthusiastic environment that allows participants to grow in Christ and to develop Christian community. All leaders, campers, and volunteers are expected to:

- Respect one another,
- Respect the camp property, including the natural setting,
- Use no profanity, tobacco products, alcohol, or illegal drugs,
- Wear modest and appropriate clothing,
- Participate and cooperate in all activities, and
- Behave in a way that is not disruptive to the program.

The camper's signature below indicates his/her willingness to abide by the above guidelines:

Camper's Signature: _____ Date: _____

FOR PARENTS: I understand that all campers are expected to participate in the camping program and take direction from the Camp Manager, Camp Directors, and Camp Leaders. Campers who are consistently unable to follow camp rules and/or take directions, could, at the discretion of the Camp Manager or Camp Director, be dismissed. Parents, under these circumstances, would then be contacted to make arrangements to have their camper picked up as soon as possible and prior to the scheduled end of camp.

Parent/Guardian Signature: _____ Date: _____

FOR PROPER REGISTRATION OF YOUR CAMPER:
Please complete and send in all of the following:

- Camper Registration Form
- Medical Record and Authorization Form
- Photo Release and Liability Release Form
- Enclosed Payment or Scholarship Application (Or other information regarding your payment)

Forms must be mailed or e-mailed to the Camp Director:

Camp Carmel:
Erica Leeds
campcarmel1952@gmail.com
P.O. Box 884
Linville, NC 28646
(828) 817-3708

Medical Record and Authorization Form

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Camper Name: _____ Age: _____ ☐ Male ☐ Female

Address: _____ Parent/Guardian Name: _____

City/State/Zip: _____ Parent/Guardian Phone: _____

Policy Holder Name: _____ Insurance Provider: _____

Policy #: _____ Group #: _____

Family Doctor Name: _____ Family Doctor Phone: _____

Camper Health Information:

Height _____ Weight _____ Date of last Tetanus Booster: _____

Notable Medical Conditions and/or Physical Restrictions:

_____

_____

Medications and Instructions (Including over-the-counter medications, such as Advil, allergy medications, etc.) (Please note: *All medications must be presented to Camp Manager in their clearly labeled, originally prescribed container. The Camp Manager reserves the right to turn down any medication that is not in its clearly labeled, originally prescribed container*.):

_____

_____

_____

_____

Allergies: ☐ Bee Stings ☐Penicillian ☐ Food ☐ Other (please specify): _____

_____

Additional Medical Information and Dietary Restrictions: _____

_____

If parents/guardians are unavailable, I hereby authorize the Camp Manager or Camp Director to contact the camper's emergency contact listed on the Camper Registration Form:

Parent/Guardian Signature: _____ Date: _____

Authorization for Emergency Medical Care

I hereby give my permission to the Camp Manager, Camp Director, and other Camp officials to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child, _____ (first and last name), should an emergency arise. It is understood that the camp officials will make a conscientious effort to locate the parents/guardians or emergency contacts listed on the Camper Registration Form before any action is undertaken. If it is not possible to locate parents/guardians or emergency contacts listed, I/we accept the expense of emergency medical or surgical treatment (to the extent that it is not covered by my child/youth's healthcare insurance or the limited provided camp insurance).

Parent/Guardian Signature: _____ Date: _____

Photo Release and Liability Release Form

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Photo Release:
I grant Camp Carmel and Camp Placid the right to take photographs and/or videos of my family, my child(ren), or myself in connection with the camping program. I authorize Camp Carmel and Camp Placid to copyright, use, and publish the same in print or electronically. I agree that Camp Carmel and Camp Placid may use such photographs and/or videos for any lawful purpose, including for publicity, illustration, advertising, and web content. I understand that photos and videos can be used as promotional materials and shared via social media. I acknowledge that no child's full name will be used in the publishing of these photos/videos without prior permission from the parent/guardian.

I have read and understand the above:

Printed Name: _____ ☐ Camper ☐ Camp Leader

Signature: _____ Date: _____

Liability Release:
I hereby acknowledge that my camper will be expected to participate in all camp activities; if there are any activities I do not want my child to be involved in, I have listed them below. I understand and hereby agree to assume all the risks which may be encountered on camp activities, including activities preliminary and subsequent thereto. I do hereby agree to hold Camp Carmel, Camp Placid, the Southeastern District Church of the Brethren, the Southern Region of the Covenant Brethren Church, and its agents and employees harmless from any liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future with the activity or participation in any other associate activities. I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by law of the State of North Carolina and the State of Tennessee and that if any portion is help invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of the release are contractual and not a mere recital. I further state that I have carefully read the foregoing releases and know the contents thereof and sign this release as my own free act. This is a legally binding agreement which I have read and understood.

Activities I do not permit my child to participate in: _____

Parent/Guardian Printed Name:
_____

Signature: _____ Date: _____

Off-Premises Permission Form

Camp Carmel

Parents of Junior and Kiddie campers may disregard this form. This form is only needed for attendees of Youth Camp, Junior High Camp, Work Camp, and Adventure Camp.

I am aware and understand that there may be times during my child's week of camp that the group travels off-campus for activities. These include, but are not limited to service projects, recreational activities, sight-seeing, and worship events. I understand that it is my right to seek accurate and adequate information from the Ministry Director regarding off-campus activities. I have been made aware that in the event of traveling off-premises, my child will be traveling in a church or camp van to any off-campus activity and that I will be notified of any changes to these agreed upon travel arrangements. I understand and grant permission for my child to be shuttled to off-premises activities and I understand that there are liabilities and risks associated with such. I understand that the aforementioned liabilities and risks are understood to be included in Camp Carmel's Liability Release Form.

I give permission for my child, _____, to travel off-camp with Camp Carmel personnel:

Parent Signature: _____

Parent Printed Name: _____

Date: _____

Additional Information Regarding Winter Camp

*Inclement Weather policy: Our area of the Blue Ridge Mountains is known for unpredictable winter weather. Incase of ice or snow that makes it dangerous for campers or parents to travel to Linville, NC, Winter Camp may be canceled, postponed, or moved to an alternate location. All pre-registered campers' parents will be notified promptly of any weather-related changes. Please use extra caution when driving in the winter, regardless of weather conditions. Please reach out to Erica with any questions: campcarmel1952@gmail.com or text/call (828) 817-3708.

*Winter Camp Packing list:

- Bedding for twin-sized mattress (sheet, blankets or sleeping bag, pillow)
- Weather appropriate clothing (coat, boots, hat, gloves, etc. - PREPARE FOR OUTDOOR ACTIVITIES)
- Bible, journal, writing utensils
- Toiletries, bath towels
- Flashlight
- Pajamas
- Extra clothing
- Medication in its originally prescribed container (to be turned into Camp Manager)

*FAQs:

1) Where will campers stay during winter camp?
    - All campers will sleep in heated cabins and utilize the heated bathhouses by gender.
2) Can my camper use his/her cell phone during camp?
    - We do not allow campers to keep their cell phones during camp. Upon arrival, they may choose to leave it with either their parents or the Camp Manager. If you would like to hear from or check-in on your camper throughout the week, please pre-arrange this with the Camp Manager, Erica. She can be reached via email at campcarmel1952@gmail.com or by text/call at (828) 817-3708.
3) When is drop-off and pick-up?
    - Drop-off begins at 5:30pm. If possible, please have all campers present by 6:30pm for supper/gathering together. Pick-up will be from 10am-11am. If you need to drop-off or pick-up your camper outside of designated times for any reason, please pre-arrange this with the Camp Manager, Erica. She can be reached via email at campcarmel1952@gmail.com or by text/call at (828) 817-3708.
4) What if I am unable to arrange drop-off or pick-up for my camper during the weekdays?
    - We have plenty of people who are willing to give rides to campers from many different areas. If you need help finding a ride for your camper, please contact the Camp Manager, Erica for guidance. She can be reached via email at campcarmel1952@gmail.com or by text/call at (828) 817-3708.

We look forward to camping with you!