



Date Received: _____
Confirmation Sent: _____

Session Assigned: _____
Final Confirmation: _____

Camp Mephibosheth Day Camp Application Form

Mail completed form by June 1st to: 1715 Stringtown Pike Cicero, IN 46034

PLEASE COMPLETE ALL ITEMS

1. **CAMPER'S NAME** _____ Birthdate ____/____/____
Mailing Address _____ Sex _____ Age _____
City _____ State _____ Zip _____
Home Phone (____) _____ Home Church _____
T-shirt size: Small Medium Large X Large XXL

Please check:	
Group home	<input type="checkbox"/>
Private residence	<input type="checkbox"/>
Facility	<input type="checkbox"/>
Supportive Living	<input type="checkbox"/>

2. **PERSON(S) RESPONSIBLE**
(Parent/Careprovider) _____
Mailing Address _____
City _____ State _____ Zip _____ Home Phone (____) _____

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Emergency Contacts

Please provide a designated person(s) to contact in the event of emergency or need.

1. Name _____ Phone (____) _____ Alt.(____) _____
Address _____ Relation to camper _____
2. Name _____ Phone (____) _____ Alt.(____) _____
Address _____ Relation to camper _____

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Disabilities (List All) _____

Physical Disability Involves: Legs: R L Arms: R L Hands: R L Head Breathing

Mobility: _____ Independent With: Assistance Walker Crutches Wheelchair Electric

If in wheelchair: Propels self Must be pushed ****For non-ambulatory campers, it is the responsibility of the parent/guardian/caretaker to provide a wheelchair (and/or necessary augmentative device) that is safe and in optimum operational condition. Be certain that wheels, brakes and seatbelts are safe and fully operational.**

Vision: Normal Glasses Contacts Vision Impaired Legally Blind

Hearing: Normal Hard of hearing Deaf Uses Hearing Aids (bring extra batteries)

Communication: Verbal Speech Difficulty Nonverbal Signs Gestures Communication Board

Seizure Disorder: Type & Frequency: _____

Date of last seizure: _____ Wears Helmet: Yes No

Special Care for seizures: _____

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Allergies: _____

Precautions/ Special Instructions: _____

Toileting: Uses Urinal/Toilet Uses Bedpan Catheterizes Self Must be Catheterized Wears "Depends"
 Prompts After Toileting Assistance after toileting Other: _____

Mealtime: Uses utensils Uses fingers Special container Requires bib Uses straw

Dietary Restrictions: Regular Mechanical Soft Pureed NPO/G-tube

Special foods/ Food Allergies: _____

Discipline/Inappropriate Behavior Concerns: _____

Likes/Dislikes to be Aware Of: _____

Reading Skill: Yes No With Assistance **Writing Skill:** Yes No With Assistance

Other pertinent information that would be helpful to staff: _____

Has this individual ever been the victim of abuse? Yes No **Explain:** _____

Has this individual ever been charged with abuse or related misconduct? Yes No **Explain:** _____

Camper Participation Consent & Liability Release

Full Name of Camper _____ **Social Security Number** _____

- I certify that the information provided on the application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to the above named camper. I will not hold Mephibosheth Ministries, Inc., Rainbow Christian Camp, or any Camp Mephibosheth staff responsible for any damage to or loss of said property.
- I hereby consent to participation of myself or the person named above in the described Camp Mephibosheth events. I have read the informational material related to Camp Mephibosheth and understand the risks involved in the planned activities. I am aware that in addition to activities such as Bible study, worship, transportation, and meal functions, the participant also may participate in various camp activities that may involve additional risks, such as swimming and other recreational activities.
- All camp activities are modified to suit the individual camper, according to the camper's abilities, and all activities are closely supervised with staff and volunteers. The above named camper has permission to participate in the following activities: *Please check all that apply*
 Swimming Flying Squirrel

I hereby release Mephibosheth Ministries, Inc. and / or Rainbow Christian Camp and its leaders from any liability arising from the participation in these high adventure activities.

- I request that Mephibosheth Ministries, Inc. and /or Rainbow Christian Camp obtain necessary emergency medical treatment for the above-named camper as needed. I understand that I, and /or my medical insurance provider will be responsible for all medical costs incurred for such emergency medical care required during Camp Mephibosheth.
- I hereby release Mephibosheth Ministries, Inc. to share information on this camper with the Team Leader and Volunteer Companion that will assist them during the camp experience. Confidentiality is stressed to all members of the faculty.
- I hereby give permission for the above-named camper to appear in photographs or video recordings made during Camp Mephibosheth. This permission also extends to the use of those photographs or video recordings in promotional presentations made by Mephibosheth Ministries, Inc.

Signature is required to attend Camp Mephibosheth.

Parent/Guardian/Caregiver _____ Date _____

Camper _____ Date _____

Please complete this application and mail to:

Mephibosheth Ministries, Inc.
1715 Stringtown Pike, Cicero, IN 46034

One day fee \$30.00
Checks made out to **Mephibosheth Ministries, Inc.**