

# Camp Mephibosheth Overnight Camp

Session #1 July 8<sup>th</sup> - 10<sup>th</sup> - Session #2 July 12<sup>th</sup> - 14<sup>th</sup> & Session #3 July 29<sup>th</sup> - 31<sup>st</sup>

Dear Camper,

This year you will have the option to register for one of three identical sessions of Camp Mephibosheth held at The Ark Christian Ministries in Converse, IN (formally Rainbow Christian Camp). This will allow us to have smaller camp sizes (45 campers at each session) and the opportunity for growth!

**July 8<sup>th</sup> - 10<sup>th</sup>, July 12<sup>th</sup> - 14<sup>th</sup>, and July 29<sup>th</sup> - 31<sup>st</sup>.**

Please mark which session you would like to attend on the enclosed Session Request and return it with your application. Please note that it is not guaranteed that you will receive your preferred session as they will be assigned on a first come basis. In order to receive the session you request, it is necessary to return your application as soon as possible.

**Reserve Your Spot NOW!!!!**

**Applications are due by June 1<sup>st</sup>**

**Please complete the application with as much information as you can to help us provide an awesome camp experience for your loved one & their companion!!**

- The following camper forms must be completed, signed and returned to Mephibosheth Ministries, Inc. before a camper position will be assigned:
  - Application including **Health Form & Liability Release (plus Behavior plan if applicable)**
  - Session Request
  - Copy of Insurance Card
  - \$60.00 Deposit (Check is to be Payable to Mephibosheth Ministries, Inc.)
- Camp fee is \$160.00 Scholarship assistance is available by contacting our office, 317-984-4653 #30.
- The remaining \$100.00 will be due June 1<sup>st</sup>.

After all camper forms and fees are received by Mephibosheth Ministries, Inc., we will send a confirmation letter. Also, one month prior to camp, each camper will receive an updated Medications form (required at check in), a map to The Ark Christian Ministries, and a list of items/clothing to bring.

## **Refund Policy:**

*Please cancel as soon as possible to allow room for those on the waiting list. Cancellations received **prior to May 1** will receive full refund. Those cancelling **after May 1**, but **more than four weeks prior** to the start of your scheduled session will be charged a **\$50.00** administrative fee. Those cancelling **less than a month prior** to the start of your scheduled session will be charged **\$100.00**. **"No shows" and those who need to leave camp early will not receive a refund.***



In His Service,  
Becky Moore, Executive Director

**Please keep this cover letter for future reference. Do not return with your application.**

**Return all forms to:**

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

317-984-4653 #30

[www.mm-abilities.org](http://www.mm-abilities.org)



Please register me for:

- Session #1 - July 8<sup>th</sup> - 10<sup>th</sup>  
(Saturday 3:00pm - Monday 7:00pm)
- Session #2 - July 12<sup>th</sup> - 14<sup>th</sup>  
(Wednesday 9:00am - Friday 3:00pm)
- Session #3 - July 29<sup>th</sup> - 31<sup>st</sup>  
(Saturday 9:00am - Monday 3:00pm)

Name \_\_\_\_\_

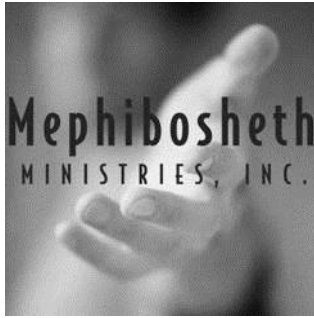
Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list any other camper you will be attending with (group homes, etc.)

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Date Received: \_\_\_\_\_ Session Assigned: \_\_\_\_\_  
Confirmation Sent: \_\_\_\_\_ Final Confirmation: \_\_\_\_\_

# Camp Mephibosheth Overnight Camp Application Form

Mail completed form by June 1<sup>st</sup> 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
- Private residence
- Facility
- Supportive Living

2. PERSON(S) RESPONSIBLE

(Parent/Careprovider) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

**WHO IS RESPONSIBLE FOR TRANSPORTATION TO AND FROM CAMP?**

3. Name \_\_\_\_\_ Phone daytime (\_\_\_\_) \_\_\_\_\_

Phone evenings (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Cell / Pager (\_\_\_\_) \_\_\_\_\_

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

Who should confirmation materials be sent to? \_\_\_\_\_

.....  
**Emergency Contacts**

**If we will be unable to contact the primary caregiver during the camp session,  
you must 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 \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Alt.(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relation to camper \_\_\_\_\_

.....  
**Disabilities (List All )** \_\_\_\_\_

**Physical Disabilities** \_\_\_\_\_

**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:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Precautions/ Special Instructions:** \_\_\_\_\_

**Level of Care Required:**

• **Showering/Bathing:**  Independent  Verbal Reminders  Assistance in/out of shower  Needs total assistance

**Partial assistance with:**  Brushing teeth  Hair  Washing upper body  Washing lower body  Shaving

• **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:** \_\_\_\_\_

**Special foods/textures:** \_\_\_\_\_

**Other mealtime provisions:** \_\_\_\_\_

• **Nighttime:**  Nighttime incontinence  Wears "Depends"  Gets up during night  Develops bedsores

**Sleeps on:**  Back  Stomach  Side ( R L ) Other considerations: \_\_\_\_\_

**Other Needs:** \_\_\_\_\_

**Discipline/Inappropriate Behavior Concerns:** \_\_\_\_\_

**Likes/Dislikes to be Aware Of:** \_\_\_\_\_

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

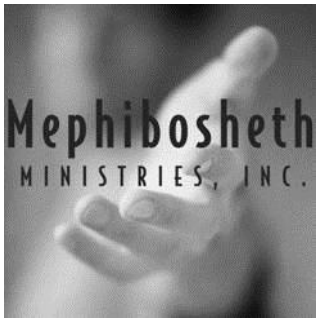
**Other pertinent information that would be helpful to staff:** \_\_\_\_\_

**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:** \_\_\_\_\_



# Camp Mephibosheth Camper Health History Form

You must attach a copy of camper's medical insurance card to this form.

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

**CAMPER'S NAME** \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mailing Address \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**PARENT/GUARDIAN/CAREGIVER** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_\_

**IF NOT AVAILABLE IN AN EMERGENCY NOTIFY:**

**Name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell/Pager (\_\_\_\_) \_\_\_\_\_

**Health History:** check, give approximate dates  
\_\_\_\_ Frequent Ear Infections  
\_\_\_\_ Heart Defect/Disease  
\_\_\_\_ Seizures, describe  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Diabetes  
\_\_\_\_ Bowel  
\_\_\_\_ Bladder  
\_\_\_\_ Bleeding/Clotting Disorders  
\_\_\_\_ Hypertension  
\_\_\_\_ Mononucleosis  
\_\_\_\_ Psychiatric Treatment  
\_\_\_\_ Asthma

Health History Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diseases:**

\_\_\_\_ Chicken Pox  
\_\_\_\_ Measles  
\_\_\_\_ German Measles  
\_\_\_\_ Mumps

**Allergies:** (Dates not needed)

\_\_\_\_ Hay Fever  
\_\_\_\_ Ivy Poisoning, etc.  
\_\_\_\_ Insect Stings  
\_\_\_\_ Penicillin  
\_\_\_\_ Other Drugs (specify)  
\_\_\_\_ Other (specify)

Reactions: \_\_\_\_\_  
\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic or recurring illness \_\_\_\_\_

Activities encouraged or limited by physician \_\_\_\_\_

Dietary modifications \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Dentist / Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

**You must attach a copy of camper's medical insurance card to this form.**

Do you carry family medical / hospital insurance? \_\_\_\_yes \_\_\_\_no

If so, indicate: Carrier \_\_\_\_\_

Policy or Group # \_\_\_\_\_

For Female: Has this person menstruated? \_\_\_\_\_

If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_

**Special considerations:** \_\_\_\_\_  
\_\_\_\_\_

**Additional Health History Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

★DO ANY MEDICATIONS BEING TAKEN CAUSE PHOTSENSITIVITY? \_\_\_YES \_\_\_NO★

MEDICATION NAME	DOSE (How Much is Given Each Time)	FREQUENCY: (Times of Day Meds are Given)	WHAT IS MEDICATION GIVEN FOR?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

<u>OVER THE COUNTER MEDS</u>	DOSE	HOW OFTEN
<input type="checkbox"/> Tylenol		
<input type="checkbox"/> Ibuprophen		
<input type="checkbox"/> Milk of Magnesia		
<input type="checkbox"/> Maalox or Tums		

*I, the undersigned, hereby represent that I am the parent or legal guardian of this camper, and state that the health history is correct so far as I know. I agree that he/she may participate in the program at Camp Mephibosheth and The Ark Christian Ministries. I consent that in event of sickness or accident of any nature, Mephibosheth Ministries, Inc. or The Ark Christian Ministries will not be held responsible or liable.*

*With the realization that in such eventuality personal notification may not be possible or practicable, I authorize Mephibosheth Ministries, Inc. and The Ark Christian Ministries to render any aid and assistance to help my camper; to call a physician, radiologist, surgeon or dentist, if necessary, who may take any measure, including surgery and hospital care, deemed necessary to help my child.*

*I authorize Mephibosheth Ministries, Inc and/or The Ark Christian Ministries to release this guest's medical information to paramedics or other health care professional in the event medical care is needed.*

*I give the staff of Mephibosheth Ministries, Inc. permission to give medication to the camper on my behalf.*

*I agree to pay for any prescribed medication or treatment my camper may need.*

*Further, I agree that my camper may be photographed while participating in the program of Camp Mephibosheth at The Ark Christian Ministries with the understanding that such photographs may be used for publicity purposes. This authorization shall continue to be in effect as long as my camper is a participant in the program at Mephibosheth Ministries, Inc.*

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

# Camp Mephibosheth

## Camper Participation Consent & Liability Release

Full Name of Camper \_\_\_\_\_

Birthday \_\_\_\_\_

- 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., The Ark Christian Ministries, 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, fishing, canoeing, hiking, crafts, group initiative rope course 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

- Group games    Swimming    Hiking    Fishing    Mudslide  
 Zip line Chair    Climbing wall    Canoeing    Flying Squirrel    Horseback riding

*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 The Ark Christian Ministries 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 this 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

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In our efforts to meet the spiritual needs of our campers, during Camp Mephibosheth, we offer an opportunity for them to follow Christ's teachings to be immersed in baptism. ***Should this camper make this decision, we will follow your instructions as indicated below.*** If you have any questions about our belief regarding baptism by immersion, please call us. We welcome the opportunity to discuss this matter with you.

If \_\_\_\_\_ chooses to be baptized:

- I authorize Mephibosheth Ministries, Inc. and the camp to perform the baptism.  
 I prefer to have my minister perform the baptism at our home church.  
 I request to be present at the baptism.  
 Has already been immersed.  
 May not be baptized.

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**Please complete this application and mail to:**

**\$ 60.00 Registration Fee (payable to Mephibosheth Ministries)**

**\$ 100.00 Balance**

**\$160.00 Total Overnight Camp**

**Mephibosheth Ministries, Inc.**

**1715 Stringtown Pike**

**Cicero, IN 46034**

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