



# Marannook 2018 Summer Camp

## RESIDENT CAMP

1st-9th grade

One week of Overnight Camp is \$775

## DAY CAMP

1st-4th grade

One week of Day Camp is \$410  
(Lunch is included)

*To register your child, please send a completed registration form with a non-refundable \$100.00 deposit. Please note that payments may be made monthly or otherwise as long as they are completed by camp.*

*To read more about Marannook you can go on our website at [Marannook.org](http://Marannook.org). Marannook recruits mature college-aged counselors who spend much of the summer studying the Bible and preparing for camp. These counselors are assigned direct responsibility of 5-7 campers each camp week. For more information about the training program see the page at [Marannook.org/bible](http://Marannook.org/bible) If you have any questions, you may call 334-864-7504.*

***We have a Referral Program in place. If you refer a new camper from a family that hasn't been involved with Marannook before, you will receive a \$100 credit toward your camper's balance!***

# Marannook 2018

Mailing Address: P. O. BOX 581 LAFAYETTE, 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. 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 the first day of camp.

Camper's Full Name \_\_\_\_\_ Grade **Fall '18** \_\_\_\_\_

Camper's Preferred Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Church \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

Preferred Name: Husband \_\_\_\_\_ Wife \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How did you learn about Marannook? Internet \_\_\_ Church \_\_\_ Friend \_\_\_ Family \_\_\_ Other \_\_\_\_\_

If your family hasn't been involved with Marannook before, who referred you to Marannook? \_\_\_\_\_

Check choice of camp according to grade entering **Fall 2018:** Camper T-shirt Size \_\_\_\_\_

OVERNIGHT CAMP					DAY CAMP			
\$775 per week					\$410 per week			
<u>7<sup>th</sup>-9<sup>th</sup> grades</u>		<u>1<sup>st</sup>-4<sup>th</sup> grades</u>		<u>5<sup>th</sup>-7<sup>th</sup> grades</u>		<u>1<sup>st</sup>-4<sup>th</sup> grades</u>		
Jr. High Camp	Week 2	Week 3	Week 4	Week 5	Week 2	Week 3	Week 4	Week 5
June 3 - 8	June 24 - 29	July 1 - 6	July 15 - 20	July 22 - 27	June 25 - 29	July 2 - 6	July 16 - 20	July 23 - 27
_____	_____	_____	_____	_____	_____	_____	_____	_____

### Cabin Placement:

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, foster those relationships from the very beginning and discourage cliques. If you have twins, we ask you to note if you would like them to be together or separated. We fully understand the desire for friends to come to camp together. 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. If you have any specific questions about our cabin placement please call our registrar in the office at 334-864-7504.

We want to move toward sharing Bible Study Correspondence electronically. The counselor and camper would communicate with a designated Marannook email address that would be forwarded to the appropriate recipient. If you would be willing to let your camper participate in this please indicate by putting the email address you would like for us to use: \_\_\_\_\_

If no, we will still send Bible studies by mail. Thank you.

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 (7 <sup>th</sup> -9 <sup>th</sup> 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 5 <sup>th</sup> -7 <sup>th</sup> grade campers:                |   |                    |           |
| -Wood Challenge   | -Channel Challenge-High Elements Course |                    |           |
| -Slip-N-Slide   | -Crafts                                 | -Field Games       |           |
| Special activities for 1 <sup>st</sup> -4 <sup>th</sup> grade campers:                |   |                    |           |
| -Fishing  | -Nature Trail                           | -Gem Find          | -Carnival |
| -Crafts   | -Field Games                            | -Wood Challenge    |           |

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	Antibiotic ointment
Dimetap elixir	Tums	Halls Cough Drops	Naproxen (Aleve)
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	Alcohol in ear after swimming	

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