



CAMP MCDOWELL SUMMER CAMP REGISTRATION APPLICATION

CAMPER

CAMPER

FIRST NAME: _____

LAST NAME: _____

PLEASE COMPLETE THIS FORM AND MAIL TO: CAMP MCDOWELL ATTN: SUMMER CAMP
105 DELONG ROAD
NAUVOO, AL 35578

SELECT CAMP SESSION

- **Primary I** Entering 1st-3rd with adult May 24 - 26, 2019 \$155 per person
- **Elementary II** Entering 4th and 5th May 29 - June 2, 2019 \$325
- **Camper Buddy @ Bethany's Kids** Entering 10th-High School Graduates June 5 - 9, 2019 \$350
- **Bethany's Kids Inclusion Camp** Entering 4th-8th with AND without disabilities June 6 - 9, 2019 \$350
- **Middler Camp** Entering 5th-6th June 5 - 10, 2019 \$425
- **Sophomore Camp** Entering 8th-9th June 14 - 22, 2019 \$620
- **Junior High I** Entering 6th-7th June 25 - July 1, 2019 \$490
- **Senior Camp** Entering 10th-12th July 6 - 15, 2019 \$690
- **Junior High II** Entering 7th-8th July 19 - 26, 2019 \$570
- **Elementary I** Entering 3rd-4th July 28 - 31, 2019 \$285
- **Alabama Folk Camp** Entering 5th-12th July 28 - 31, 2019 (Price Depends on Classes Desired)
- **Primary II** Entering 1st-3rd with adult August 2 - 4, 2019 \$155 per person

CAMPER INFORMATION

FIRST NAME: _____

EMAIL: _____

LAST NAME: _____

CELL PHONE: (_____) _____ - _____

DATE OF BIRTH: ____ / ____ / _____

HOME PHONE: (_____) _____ - _____

GRADE FOR UPCOMING 2019/2020 SCHOOL YEAR: _____

DOES CAMPER ATTEND AN EPISCOPAL CHURCH? Y / N

MAILING ADDRESS

NAME OF CHURCH OR OTHER RELIGIOUS ORGANIZATION: _____

STREET ADDRESS: _____

CITY: _____

FAITH TRADITION OR DENOMINATION: _____

STATE: _____

ZIP: _____

IF NOT AFFILIATED WITH ANY FAITH ORGANIZATION, WRITE "NA" IN THE SPACES ABOVE.

TO ASSIST CAMP MCDOWELL STAFF IN GIVING THE BEST POSSIBLE CARE FOR YOUR CHILD, PLEASE LIST PERSONALITY TRAITS, HABITS, PREFERENCES, OR OTHER HELPFUL INFORMATION. PLEASE FEEL FREE TO INCLUDE ADDITIONAL SHEETS OF PAPER.

GUARDIAN 1

FIRST NAME: _____

EMAIL: _____

LAST NAME: _____

CELL PHONE: (_____) _____ - _____

RELATIONSHIP TO CAMPER: _____

HOME PHONE: (_____) _____ - _____

PREFERRED METHOD OF CONTACT (CIRCLE ONE):

WORK PHONE: (_____) _____ - _____

PHONE TEXT EMAIL POSTAL SERVICE

GUARDIAN 2 (IF APPLICABLE)

FIRST NAME: _____

EMAIL: _____

LAST NAME: _____

CELL PHONE: (_____) _____ - _____

RELATIONSHIP TO CAMPER: _____

HOME PHONE: (_____) _____ - _____

PREFERRED METHOD OF CONTACT (CIRCLE ONE):

WORK PHONE: (_____) _____ - _____

PHONE TEXT EMAIL POSTAL SERVICE

SEE REVERSE SIDE TO COMPLETE REGISTRATION

CAMP MCDOWELL SUMMER CAMP REGISTRATION APPLICATION (PAGE 2 OF 2)

CABIN MATE POLICY AND REQUEST

We promise to do our best to honor your cabin mate request, but we CANNOT GUARANTEE it. Please request ONE CABIN MATE ONLY. Both campers should REQUEST EACH OTHER on their applications to be processed. Your request must be RECEIVED 10 DAYS PRIOR to the session. Assignments WILL NOT BE ACCEPTED OR CHANGED ON OPENING DAY. Thank you for your understanding.

CABIN MATE REQUEST: _____ CABIN MATE EMAIL: _____

CAMPER COVENANT OF COMMON LIFE

I agree to live by the standards and rules set for me at Camp McDowell, establishing an environment of acceptance and respect for everyone at camp. I will fully participate in the program and activities. I understand that the use or possession of tobacco, electronic smoking devices, illegal drugs, alcohol, or weapons of any kind will result in my immediate dismissal from Camp. I understand inappropriate sexual behavior is not tolerated. I understand in order to respect the privacy of all participants, at no time may a male enter a female housing area or a female enter a male housing area, unless accompanied and instructed to do so by a staff member. If I choose to violate the standards above or am knowingly in the presence of others violating these standards, I may be sent home immediately. I understand cell phones and other communication devices are not allowed at Camp. I understand in case of an emergency, I will be allowed to use Camp's phone. I will honor Camp's policy and my own experience of getting "unplugged" while at Camp. I will leave my cell phone or other communication device at home, in a car, or with a staff member for the duration of my camp session.

CAMPER SIGNATURE: _____

GUARDIAN STATEMENT OF ACKNOWLEDGMENT

I give permission for the staff of Camp McDowell to select a physician and seek medical treatment for my child. I understand in order to honor my child's camper experience and to help summer camp remain an "unplugged" environment, my child is not allowed to have a cell phone or other communication device during their Camp session. I will ensure my child's cell phone or other communication device is kept at home, in a car, or with a staff member for the duration of the camp session. I give permission for photographs and video of my child to be used for promotional purposes by Camp McDowell. I understand that I am financially responsible for property damages caused by my child's behavior.

GUARDIAN SIGNATURE: _____ DATE: _____

ADDITIONAL REGISTRATION INFORMATION

- A non-refundable \$50 deposit or confirmed financial arrangement is required to hold your spot in any camp session.
- The registration balance and health form are due 10 days prior to the start of the session. Payments may be submitted online, by mail, or over the phone.
- A waiver is required to participate in the Ropes Course for 5th grade and older with the exception of Elementary
- You will receive an email acknowledgement of your application. Please contact us if email is not received in two weeks of submitting your application.
- Information about your session including a letter from your Session Director, a letter from your Camp Coordinator, a packing list, and all necessary waivers will be posted on the Camp McDowell by May 1.
- Please contact a Summer Camp Director (Kathryn Kendrick or Susanna Whitsett at summercamp@campmcdowell.com) for any questions you may have. We look forward to seeing you at Summer Camp!!

PAYMENT SLIP - MUST BE COMPLETED FOR REGISTRATION PROCESSING.

PLEASE MARK AN 'X' ON EACH LINE YOU ARE SUBMITTING PAYMENT FOR.

- DEPOSIT ENCLOSED (\$50 PER CAMPER FOR ALL SESSIONS.)
 BALANCE ENCLOSED (NOTE: ALL PAYMENTS ARE DUE NO LESS THAN 10 DAYS PRIOR TO SESSION.)
 DONATION TO CAMP SCHOLARSHIP FUND. AMOUNT _____
 TOTAL AMOUNT SUBMITTED BY CHECK (# _____) OR TO BE CHARGED TO CREDIT/DEBIT

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD TYPE: _____ (WE ACCEPT VISA, MASTERCARD, AND DISCOVER)

EXPIRATION DATE: _____ CARD NUMBER _____ - _____ - _____ SECURITY CODE: _____

SIGNATURE FOR CREDIT/DEBIT AUTHORIZATION: _____ DATE: _____

SUBMIT FORM

MAIL FORM AND PAYMENT TO
CAMP MCDOWELL ATTN: SUMMER CAMP
105 DELONG ROAD
NAUVOO, AL 35578

FOR QUESTIONS, CONTACT CAMP MCDOWELL
SUMMERCAMP@CAMPMCDOWELL.COM
205.387.1806 EXT 102
FAX: 205.221.3454