

## **Monroe Camp and Retreat Center**

24501 Camp Monroe Rd. • Laurel Hill, NC 28351 (910) 276-1654 • www.MonroeCamp.org

# 2021 Community Camp Registration Form

#### **Camper Information**

First Name:	Last Name:
Date of Birth:	Gender: Male / Female (circle one)
T-Shirt Size: Youth (S,M,L) or Adult (S, M, L, XL	_, 2XL)
Family li	nformation
Parent/Guardian Name:	
Address:	
City: State:	Zip Code:
	Email:
Secondary Contact/Eme	rgency Contact Information
Parent/Guardian Name:	
Address:	
Citv: State:	Zip Code:
	Email:
Insurance	Information
Inacurana Camanani ii	
Phone Number:	
Reference Number:	
Name on Insurance:	
Me	edical
Madicinas	
Medicines	VEC / N -
■ Will your camper needs medicine	YES / NO
overnight at Camp Monroe	
Medication List	<u> </u>
Medication 1 AM/LUNCH/PM	Name: Dose:
Medication 2 AM/LUNCH/PM	Name: Dose:
Allergies	
Does your camper have allergies we	If Yes: What?
need to know about?	



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### GENERAL PROGRAM RELEASE FOR CAMP ACTIVITIES

I	, (parent/guardian) wish for my child,
	(child's full name) to participate in Monroe Camp and
Retreat (	Center, Inc.'s summer camping program through its camp, in Laurel Hill, N.C.
followin	I AM HERBY ADVISED by the Staff of Monroe Camp and Retreat Center, Inc. of the g in regards to the summer camping program: (Initial by each statement.)
Т	That the camp environment is a unique setting for humans and nature to interact.
1	That certain natural hazards may exist at camp because of its unique environmental setting. Those natural hazards may include but are not limited to: snakes, spiders, heat, poison ivy, mosquitoes, and other various insect bites.
:	That the following activities are offered as recreation at camp: swimming, hiking off-site and on- site, canoeing, cooking-out, fishing, and playing active games both indoors and out. These and other approved camp activities not listed here under rare conditions, may pose injury risks to the participants.
(	That off-site hikes may require the use of a van to transport campers. These vans will be driven by camp staff over the age of 21 who will manage the safety of the transportation within its reasonable powers.
	That the Monroe Camp & Retreat Center staff and its representatives will manage the afety of the environment within its reasonable powers.
	That special activities such as horseback riding and ropes course activities separate release forms.
represen mature o during th	I have been fully advised of the nature of the summer camping program I and my heirs hereby ease and hold harmless, Monroe Camp and Retreat Center, Inc. and its camp, its employees and tatives, from any and all claims, losses, liabilities, demands, actions and causes of action that might or accrue subsequent to the date of this release on the account of, Monroe Camp and Retreat Center he summer. In addition, I am aware the likeness of my child can be used as required by Monroe and Retreat Center.
	I have carefully read and understand this release, and have had the opportunity to ask questions is release and all such questions have been fully answered. With full knowledge of its contents I ign this release voluntarily on behalf of my child who is a minor.
Participa	ant's Name:
Parent of	r Guardian:Date: