

RISE UP CAMP 2024

(Please Print)

Parents or Guardians: Please fill out and sign

First Name: _____ Last Name: _____ Female Male

Parent /Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Camper Birthday: ____/____/____ Age: _____ Home Church and City _____

Parent/Guardian Email Address: _____

Parent/Guardian:

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Has your child attended a camp before? Yes No

Cabin roommate request: _____

Would you like to be added to the Camp Information Facebook Page? Yes No

Signature of Parent or Guardian: _____ Date: _____

Does your child have permission to go hiking? ___Yes ___No

Does your child have permission to go swimming? ___Yes ___No

Does your child have permission to go boating? ___Yes ___No

**Has your child ever been baptized? ___Yes ___No

**Does your child have permission to be baptized? ___Yes ___No

**Does your child have permission to renew their baptism vows? ___Yes ___No

CAMP DATES: June 7-11, 2024

T-shirt size (included in cost) _____

PLEASE SIGN FOR PERMISSION

Important Information / No Refunds

The registration form must be filled out completely and accompanied with the payment for each camper in order to register. Registrations accepted until camp capacity is met. First come, first served policy.

NOTE: Camper name, address and telephone number will be released to other campers. A photograph or video image of the campers may be used for promotional purposes.

X _____

PAYMENT:

Payments of \$95.00 may be made by cash, check or online at www.atthewellministriesindiana.com. If paying by check, be sure to include camper's name and Camp Rise Up on the memo line.

All payments should be included with the camper's registration form.

Make payments to: **At The Well Ministries, Inc**
PO Box 222
Floyds Knobs, IN 47119



Payment of: \$ _____ ck # _____

Paid by: _____

Rec'd /Date (office use): _____

HEALTH RECORD

Dear Parent/Guardian:

The following information is required to meet the physical, intellectual, and emotional needs of the camper. No camper will be admitted to camp without this form. Fill out the information requested. (Use the back of this form if necessary)

Camper's Last Name	First	Middle	Date of Birth
Address Street/Apt	City and State	Zip Code	Phone
Parent/Guardian Last Name	First	Middle	Phone (cell)
Address Street/Apt	City and State	Zip Code	Phone (work or home)

Insurance Information (Please include a photocopy of the insurance card)

Name of Policy Holder	Insurance Company	Enrollee ID	Group Number
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Medical Information and Treatment

Check the following: (Please describe condition in detail on back of this form if necessary)

Allergies: _____	Bladder or GI Issues: _____
Asthma: _____	Shortness of Breath: _____
Eczema: _____	Menstrual Issues: _____
Seizures: _____	Dental Issues: _____
Heart Issues: _____	Surgeries / Injuries: _____
ENT Issues: _____	Communicable Disease: _____
Behavioral Issues: _____	Other: _____

**Please send all medication in its original container

Medication Name	Purpose	Frequency	Dosage

Are your camper's immunizations up to date? YES NO

Pediatrician Name and Phone: _____

Do we have permission to administer Tylenol or Ibuprofen: YES NO

Are there any activities that should be restricted for this camper: YES NO

Explain: _____

In an EMERGENCY, I grant permission to the camp staff to secure emergency medical or surgical treatment and routine, nonsurgical medical care for the person named on this form while at camp. I certify the information on this form is correct to the best of my knowledge

Parent/Guardian Signature _____	Date _____	Camper Signature _____	Date _____
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Authorization of Consent for treatment of a minor:

(I) (We), the undersigned, parent(s) of _____ a minor, do hereby authorize the camp staff of At The Well Ministries Inc., as agent(s) for the under signed to consent to any x-ray examination, anesthetic, medical or surgery diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such a diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of a foresaid agent(s) to give specific consent to any and all such diagnosis, treatment, and/or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

Release of At The Well Ministries, Inc.

(I) (We) _____ acknowledge this camp is voluntary and may involve risks and require physical exertion, such as, but not limited to athletic games, off-site excursions, group activities, swimming, boating, hiking and team events. (I) (We) acknowledge that my child's participation in any activity presents risks such that my child may suffer property damage, bodily injury or death. (I) (We) _____ shall indemnify, hold free and harmless, assume all liability for my child _____, and defend the camp staff, At The Well Ministries Inc, Lincoln State Park, it's agents, servants, employees, officers, volunteers, and directors from any and all discovery cost, court costs, and all other sums which the camp, At The Well Ministries Inc, Lincoln State Park for any claim/assertion of liability , or action founded thereon, arising or alleged to have arisen out of damage to personal property, bodily injury, illness.

Parent _____ (signature)

Parent _____ (signature)

Date _____

Departure Release Form

This form must be returned, completed and signed, before your camp session begins or bring to camp. The State of Indiana requires that we have a plan to assure that campers leave camp only with authorized persons.

CAMPER'S NAME(S) _____

Only the following people, other than myself are authorized to pick up the above named individual(s) at the completion of the camping experience.

1. _____ Relationship to camper _____

2. _____ Relationship to camper _____

3. _____ Relationship to camper _____

Are there any persons who are NOT authorized to pick up your son/daughter? Please give names:

Signature of Parent/Guardian _____

Relationship to Camper _____

Transportation Information

Camper's Name: _____

Parent's Name: _____

Parent's Phone Number: _____

Will your child need Transportation to camp? **YES** **NO**

Will your child need Transportation back home from Camp? **YES** **NO**

Transportation Location:

DROP OFF: Arrive at Lincoln Hills Christian Church parking lot at 9:00a.m. June 7, 2024

PICK UP: Return to Lincoln Hills Christian Church parking lot at 12:30pm June 11, 2024

Lincoln Hills Christian Church
1130 Dale Ave., Corydon

Thank you for your patience and understanding for mechanical failures and/or loading and unloading delays.

NO FOOD or DRINKS on transportation.

Angie Wagner

Parish Deuser

Camp Director

Transportation Coordinator

812-946-4426

812-972-0656

PLEASE KEEP THIS FORM FOR YOUR INFORMATION

Welcome to Camp Rise Up! We are blessed and excited to have your child participating this year. Here are some reminders and “what to bring”.

Camp Rise Up is located at Lincoln State Park in The Pine Hills Cottages Group Camp. The park has a \$7.00 gate entry fee. Remember to get your “hang tag” for re-entry.

What to bring:

- Clothing for 4 nights and 5 full days (bring extra for weather changes)
- Towels and washcloths
- Personal toiletries
- Sleeping bag
- Twin fitted sheet
- Pillow
- Blanket (if preferred)
- Tennis shoes
- Modest swimwear
- Folding chair
- Medications in original container
- Garbage bag for dirty clothing
- Sunscreen
- Bug spray

Optional:

- Sunglasses
- Hat or visor
- Small fan
- Power strip

No electronics, weapons, illegal substances or animals are permitted. Cell phones are not needed. There is limited service in the park. Please do not bring anything of value with you. No money is needed.

Transportation Information: (Please fill out Transportation Form)

DROP OFF: Arrive at Lincoln Hills Christian Church parking lot at 9:00a.m. June 7, 2024
PICK UP: Return to Lincoln Hills Christian Church parking lot at 12:30pm June 11, 2024
Contact: Parish Deuser Address: Lincoln Hills Christian Church
Transportation Coordinator 1130 Dale Ave., Corydon
812-972-0656

In case if emergency, please call:

Angie Wagner 812-946-4426
Becky Mitchell 812-736-1123
Loreana Sutherlin 502-931-0529