

MEKUNO – 2017 REGISTRATION FORM

Please complete each section carefully.

Each of the four pages requires a camper's signature, and parent/guardian's signature for campers 17 and under.

1. **Identifying Data** (Each camper must complete a registration form.)

Camper Name:		Grade Completed:	
Address:		Date of Birth:	
City:		ST, Zip:	
Camper Cell Phone:		Camper E-mail:	
Are you baptized?:		Home Ecclesia:	
All campers need to provide at least one parent/guardian/emergency contact:			
Name 1 & Relationship:		Name 2 & Relationship:	
Cell Phone 1:		Cell Phone 2:	
E-Mail1:		E-Mail2:	

2. **Study Skills:** Please consider the following definitions, and **mark** the one that describes you best:

Beginning Bible student = one who generally limits his/her study to reading Bible passages.

Intermediate Bible student = one who can examine given topics using Biblical reference materials

Advanced Bible student = is capable of developing an entire study of a topic using a concordance, margin references, and other available reference materials.

3. **First Time Campers -- Wide Margin Bibles:** If this is your first year at MEKUNO, you may reserve a complimentary hard-cover, wide margin Bible. Please understand that availability of versions varies from year to year. Please indicate your first and second choice; we will try to match you with what is available.

English Standard Version (ESV)

King James Version (KJV)

New American Standard Bible (NASB)

New International Version (NIV)

I own a wide margin Bible that I use and enjoy, and will bring to camp and do not need to reserve one.

4. **Service placement:** Assignments will be in the Northeast Ohio area. Please list restrictions, if any, that you have regarding placement for Service Week. (e.g., pet allergies, work schedule)

5. **Dietary Restrictions:** Please list any dietary restrictions or food allergies, e.g. foods you CANNOT eat, not foods you don't like.

6. **Signatures:** I have reviewed the above registration form and confirm the information provided.

Camper's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(Required for campers 17 and under)

MEKUNO – RULES AND REGULATIONS

“Don’t let anyone look down on you because you are young, but set an example for believers in speech, in life, in love, in faith, and in purity...pursue righteousness, godliness, faith, love, endurance and gentleness.” 1 Timothy 4:12; 6:11

1. **The rules and regulations of Camp Stigwandish will be strictly obeyed.**
2. All campers will remain at camp for the duration of the MEKUNO program.
3. The week is intended to help us glorify God and His son. Therefore, modest apparel is required where undergarments are not visible (above and below the waist for males and females); and, out of respect, campers will not be permitted to wear hats inside class buildings or the dining hall.
4. Use of personal electronic devices is limited in camp, not only to allow us to “Come out of their midst and be separate” (2Cor 6:17), but also to prevent devices from being damaged:
 - Campers’ cell phones must be turned in on the first day of camp, and will be stored in the dining hall. Phones will be made available for use in the dining hall for a short time each afternoon.
 - iPods/MP3 Players must also be turned in on the first day of camp, and will be stored in the dining hall. These also will be made available for use with your headphones, in the dining hall for a short time each afternoon.
 - Electronic Bibles are not to be used at camp. Please bring a hard copy. Please see information on Wide Margin Bibles on **REGSITRATION FORM (page 1)** if you need one.
5. Campers are expected to attend all meals, class sessions, work crews, and evening programs at the designated times.
6. Buildings, lakefronts, and campgrounds are to be kept free of litter.
7. Water balloons are not allowed in or anywhere near any camp buildings.
8. If a camper uses medication of any kind, the **MEDICATION FORM (page 4)** must be completed. ALL medications (including over the counter medicines) will be stored and locked in the Kitchen (unless otherwise needed; e.g. an epi pen may need to travel with the camper). A staff member will supervise and ensure its prescribed administration.
9. Language shall be godly and communications constructive. Anything less will not be tolerated.
10. Families may visit camp throughout the week. Please call ahead if you plan to stay for a meal. Also, barring emergencies, campers will not be released to their parents or host families until the close of camp on Saturday.

I have read the above rules and agree to obey them while attending MEKUNO.

Camper’s Signature: _____ Date: _____

I understand that my child is expected to obey the above rules during MEKUNO, and I support their enforcement.

Parent/Guardian’s Signature: _____ Date: _____
(Required for campers 17 and under)

WAIVER OF PUBLICITY: I hereby grant the MEKUNO program permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the MEKUNO program and will not be returned. I hereby irrevocably authorize the MEKUNO program to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I have read and understand the above waiver.

Camper’s Signature: _____ Date: _____

Parent/Guardian’s Signature: _____ Date: _____
(Required for campers 17 and under)

EMERGENCY MEDICAL AUTHORIZATION

Purpose: to allow parents to authorize medical treatment for their children (up to and including 17 years of age) when a parent cannot be reached; to allow Campers 18 and over to have medical information readily available.

Name of minor: _____

Names of Parents or Legal Guardians: _____, hereby consent to the rendering of Emergency Department care and such medical treatment as an attending physician or others of a hospital's medical staff consider to be necessary for my child, _____, on and including the dates _____ through _____, 2017.

Parents of minors or Campers 18 and over, please complete the information below and sign on the line indicated.

Medical Information

ALLERGIES:			
Date of last Tetanus shot		Date of Birth	
Home Address			
Home Phone		Cell Phone	
Insurance Company Name and Address			
Policy Number		Group Number	
Name of Policy Holder		Occupation	
Employer			
Other Emergency Contacts & Phone Numbers			
Family Physician	Name:	Phone:	
Dentist	Name:	Phone:	
Medical Specialist	Name:	Phone:	
Other Pertinent Medical Information			

Parent/Guardian's Signature: _____ Date: _____

Witness: _____ Witness: _____

Camper 18 years or older Signature: _____ Date: _____

MEKUNO – MEDICATION FORM

I, _____ request that my child, _____ receive the following medications while at camp. I understand that all prescription medications must be furnished by me in the properly labeled original container from the pharmacy. Likewise, over-the-counter medications taken regularly (such as allergy medication) should be furnished in the properly labeled original container.

MEDICATION	DOSAGE	FREQUENCY / TIME TO BE TAKEN	REASON/DIAGNOSIS
Ex: Benadryl	5 mg	Before bed	allergies

I give permission for the medication(s) to be given by MEKUNO camp staff as directed above.

Parent/Guardian's Signature: _____ Date: _____

or

Camper 18 years and older Signature: _____ Date: _____

Please keep a copy of these documents for your reference

and return all signed originals to:

Eileen Curtis

9288 Gettysburg Drive

Twinsburg, OH 44087

eileenmc@roadrunner.com

If packets are returned via e-mail, please be sure signatures are included.