

2019 MWBC Fall Retreat Registration

Send registration form and fee to: **MWBC, 1201 N 5th Street, Clear Lake, IA 50428**
Contact **Dan McCann** if you have questions: (319) 430-3675 /dmccann86@gmail.com

Name: _____ Date of last Tetanus: _____
Address: _____ Parent/Guardian Name(s) _____
City: _____ Parent/Guardian email: _____
State: _____ Zip: _____ Camper cell: _____
Camper email: _____ Work/Cell (Dad): _____
Home Church: _____ Work/Cell (Mom): _____
Church City: _____ Emergency contact (not parent): _____
Birth Date: _____ Emergency contact phone 1: _____
Age at retreat: _____ Emergency contact phone 2: _____
Grade (2019/2020) _____ Sex (M/F): _____ Baptized (Y/N): _____

Medical Information: In the space provided below, please indicate the following: 1) if the camper is affected with any physical conditions, allergies, or infectious conditions (See Camp Policies #3), which might interfere with camp activities, 2) any current medications being taken, 3) any **Mental Health** diagnosis and recent or ongoing treatment, 4) any other special conditions/precautions which camp staff should be aware of.

Insurance Information: The camper's family insurance is the primary source of coverage for accidents and sickness. The camp insurance pays only a limited amount for accidents and sickness not covered by your family insurance.

Name Policy is in: _____ Phone of company: _____
Insurance company: _____ Group number: _____
Address of company: _____ Policy number: _____

As parent or guardian, I understand that First Aid will be available at camp and if a serious injury or illness develops, medical and/or hospital care will be given. If it is not possible to contact me or if I am incapacitated, I give permission for emergency treatment or surgery as recommended by the attending physician.

signature of parent/guardian

****Note:** Photos of campers may be used for MWBC's promotional purposes. (contact retreat director if you need special considerations)

Midwest Bible Camp General Retreat Policies

The MWBC Board of Directors has formulated the following policies, which are general in nature. Retreat directors have full responsibility for interpretation and administration of these policies. Please contact the retreat director for details or questions.

1. All camp activities will be under the supervision of one or more of the camp staff.
2. All campers shall participate in all activities unless excused by the retreat director.
3. All physical health will be under the supervision of the retreat nurse. **Medication in original containers must be submitted to the nurse at arrival with instructions for use and will be administered by the nurse.** (Any infectious condition such as Pink Eye, Ring Worm, Head Lice, etc. shall be under effective treatment prior to coming to the retreat.)
4. ****Mental Health** diagnosis and recent or ongoing treatment should be reported to the retreat director **prior to the camp session.**
5. Personal hygiene, cleanliness and neatness are required of everyone at the retreat.
6. The following are strictly **not allowed** at the retreat:
 - a. Tobacco, alcoholic beverages, marijuana, illegal substances (drugs)
 - b. Firearms, knives or other weapons
 - c. Fireworks, matches, cigarette lighters
 - d. Music and/or video players and similar electronic devices, magazines or comics, no posters
7. No hazing or physical / verbal abuse is allowed.
8. Campers may not leave their cabins after lights out without permission.
9. Damage and defacing of the camp facilities, equipment, or property will not be tolerated.
10. Vehicles driven to camp by campers under age 19 shall be registered and the keys left with the retreat director at registration.
11. Phones and other communication devices should be left with the retreat director at registration.

The **MWBC Fall Retreat** is scheduled to begin at 7:00 p.m. on Friday, September 27, and end at 1:30 p.m. on Sunday, September 29.

The retreat will be held at the Lake Darling Youth Center in Brighton, Iowa.

Registration: _____ **I will be attending both Friday & Saturday night = \$35** _____ amount paid
_____ **I will be attending only ONE night (Friday OR Saturday) = \$25** _____ amount paid

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