

MABA SUMMER CAMP 2025 REGISTRATION FORM



Childs Name: _____ Current Grade: _____ Age: _____

Add a Camp T-Shirt for \$12? () Yes () No

T-Shirt Size: (YS) (YM) (YL) (L) (M) (L) (XL) (XXL) : Other _____

Teen Group? () Pre-Teen Group? () Gender: (Male) (Female)

Church Attending Camp With: _____

Parent/Guardian Name: _____

Address: _____

State: _____ Postal Code: _____

Tel. No.: _____ Mobile No.: _____

E-Mail: _____ Emergency No.: _____

Emergency Contact and Relation: _____

Does your child suffer from any allergies, illness, disability or other medical conditions? If yes, please detail below.

Yes [] No []

INFORMATION



UPCOMING DATES

July 7th - 11th, 2025

ATTENDEE TYPES

Student age 8-17

Register by April 15th - \$360

Register By May 15th - \$375

Register By June 16th - \$390

Register After June 16th - \$405

Child 4-7 years old with accompanying parent
\$195 until Apr 30

Child 1-3 years old with accompanying parent
\$50

****NEW****

T-Shirt - \$12

We understand there is duplicate information you are providing but this form is what we use in the event of an emergency with your camper.

Child Care Information

(Mandatory)

Campers Name:

Campers Nickname:

Campers Birthdate / Age:

Parent (s) and Other Contacts

Mothers Name:

Fathers Name:

Address:

City:

State:

Zip:

Home Phone #:

Cell #

Emergency Contact if unable to reach parent (s):

Emergency Contact phone number:

Medical/ Health / Insurance Care Information

Doctors Name:

Phone #:

After Hours #:

Address:

City:

State:

Zip:

Health Insurance Comp:

Grp / Policy #:

Phone #

Child Care Information Continued:

Special Needs

Does your child have any of the following (please Circle)					
Allergies:	Asthma	Diabetes	Hearing/ Vision Problems	Heart Problems	Seizures
Explanation / Treatment above:					
Immunization - Date of last Tetanus:					

Special Instructions/ Comments

Please write in below

Medication Dispensing Information, Permission, and Waiver

Only fill out this form if your child takes medication on a daily basis.

Student's Name: _____ Age: _____

Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____

Doctor's Name: _____ Phone: _____

Medication Information

1. Medication: _____ Dose: _____ Time dispensed: _____

Dispensing Instructions:

Possible Side Effects:

2. Medication: _____ Dose: _____ Time dispensed: _____

Dispensing Instructions:

Possible Side Effects:

_____ I

_____ the parent/guardian of

_____ (Print Child's Name) give permission to the staff of the

(Church Name) : _____ to administer medicine to my child.

Signature of Parent or Guardian _____ Date _____

Child's Name: _____ Church Attending with: _____

Adventure Rec Activities

Throughout the week the camp offers activities for our campers to participate in. This includes the following divided into areas of interest.

Please choose ONE of the packages to participate in below.

Ascent	Basecamp
Activities include: <ul style="list-style-type: none">● Flying V - 2 Ziplines● Elevated Obstacle Course● Climbing Tower● Pedal Carts● Sling Shots● Wildlife Center● Farm Animal Experience	Activities include: <ul style="list-style-type: none">● Elevated Obstacle Course● Climbing Tower● Pedal Carts● Sling Shots● Wildlife Center● Farm Animal Experience
●	●

If you would like to know what these activities include please visit the camp's website for more information. www.refreshingmountain.com/zipline-large-group.