

# Camp Carl :: Summer 2026 :: Registration Form

**Please print. Registrations will be accepted until all weeks are full. Each child requires a separate registration form for each week.**

Full Name \_\_\_\_\_ Male ☐ Female ☐

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: Home ( ) \_\_\_\_\_ **Circle T-Shirt Size: Youth ▶ S M L Adult ▶ S M L XL XXL**

Age \_\_\_\_\_ Full Birthdate \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_ School \_\_\_\_\_

Church \_\_\_\_\_ Children's or Youth Pastor \_\_\_\_\_

Child resides with \_\_\_\_\_

Custodial parent is: ☐ Mother ☐ Father ☐ Both/Shared ☐ Other \_\_\_\_\_

## PLEASE COMPLETE THE FOLLOWING HEALTH REPORT (A physician's signature is NOT required.)

Check any of the following conditions that apply to the registrant. In the space provided, please add any information that you believe would be helpful:

**Medical Conditions:** ☐ Asthma ☐ Bed Wetting ☐ Diabetes ☐ Seizures ☐ Sleepwalking ☐ Other

**Explain Other:** \_\_\_\_\_

**Allergies:** ☐ Hay Fever ☐ Insect Stings ☐ Ivy Poisonings ☐ Pain Killers ☐ Penicillin ☐ Sulfa ☐ Other

Describe Allergic Reaction: \_\_\_\_\_

**Additional Medical Information:** ALL MEDICATION MUST BE IN ORIGINAL CONTAINERS

Medication(s): \_\_\_\_\_

Medication(s): \_\_\_\_\_

**Special Diet or Food Restrictions:** \_\_\_\_\_

**Date of Last Tetanus Shot:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Special Problems or Conditions:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Date of Camp Week:** \_\_\_\_\_

## PARENT / GUARDIAN

Name \_\_\_\_\_

Address: ☐ Same as child ☐ Other

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Phone 2 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Email (REQUIRED) \_\_\_\_\_

## PARENT / GUARDIAN

Name \_\_\_\_\_

Address: ☐ Same as child ☐ Other

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Phone 2 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Email (REQUIRED) \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Phone 1 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

Phone 2 ( ) \_\_\_\_\_ ☐ H ☐ C ☐ W

## INSURANCE

Is your child covered by medical insurance? ☐ Yes ☐ No

*If insured, please provide:*

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

# Camp Carl : Summer 2026

Camper Name \_\_\_\_\_

Group Name, if applicable \_\_\_\_\_

**NOTE: Each child requires a separate registration form for each week.**



## FOR ALL CAMPERS: ACTIVITY RELEASE

► **ACTIVITIES:** Please be advised that my child is to wear a safety helmet while riding horses and participating in high ropes activities. I affirm that my child is in good health and is not under a physician's care for any undisclosed condition that bears upon his or her fitness to participate in horseback riding, high ropes, initiatives, or other camp-sponsored activities. I recognize that each participant must assume the risk of physical injury that could result from any of these activities. I release Camp Carl, its staff members, and Board of Trustees from any liability for injury to my child from participation in these activities.

► **HEALTH:** For the protection of all campers, campers with lice are unable to be retained on the premises.

► **PARENTAL MEDIA CONSENT:** I also realize that digital media of my camper or testimony may be used in the promotion of Camp Carl.

☐ Yes ☐ No I give my permission for my child to participate in the above activities.

☐ Yes ☐ No I give Camp Carl permission to contact my child's church or the local church community with information regarding spiritual decisions.

☐ Yes ☐ No I give Camp Carl permission to dispense the prescribed amount of Tylenol, Advil, or Benadryl to campers as needed.

► **ANY RESTRICTIONS:** \_\_\_\_\_

► **MEDICAL AUTHORIZATION:** I hereby authorize qualified camp personnel to give emergency medical care and determine the need for a physician's service. I understand that every attempt will be made to contact me before treatment is rendered. I recognize that the camp carries coordinated accident insurance, which is secondary to my insurance, and it is my responsibility to submit all medical billings to my personal insurance company for payment.

**SIGNATURE OF PARENT/** *Please print full name of parent/legal guardian:* \_\_\_\_\_

**LEGAL GUARDIAN:**

*\* Must be signed* \_\_\_\_\_

**Date:** \_\_\_\_\_

## Camp Fee Calculation

\$ \_\_\_\_\_ **Camp Fee**  
\$ \_\_\_\_\_ **Total Fee Due**  
\$ \_\_\_\_\_ **Total Fee Enclosed\*\***  
\$ \_\_\_\_\_ **Balance Due**


**\*\*A non-refundable deposit of \$100 is due at the time of registration. The deposit is included in the total camp fee.**

Make checks payable to **Camp Carl**  
and mail to:  
**Camp Carl**  
8054 Calvin Rd.  
Ravenna, Ohio 44266

**For questions, call**  
**330.315.5665**

**Register ONLINE at [CampCarl.life](http://CampCarl.life)**

Please check ☒ your camp and week preference below. Each child requires a separate registration form for each week.

<div><div>Elementary • Middle School • High School</div><div>OVERNIGHT CAMPS</div></div>									
AGE GUIDELINE FOR ALL CAMPS		DAY CAMP: Entering Grades 1–4		ELEMENTARY SCHOOL: Entering Grades 3–6		MIDDLE SCHOOL: Entering Grades 6–8		HIGH SCHOOL: Entering Grades 9–12	
OVERNIGHT CAMPS (Sunday–Friday)	COST	June 14–19	June 21–26	June 28– July 3	July 5–10	July 19–24	July 26–31	August 2–7	SAGATUC Available:
ELEMENTARY OVERNIGHT CAMP	\$625		<input type="checkbox"/> Elementary School	<input type="checkbox"/> Elementary School		<input type="checkbox"/> Elementary School		<input type="checkbox"/> Elementary School	YES
MIDDLE SCHOOL OVERNIGHT CAMP	\$625	<input type="checkbox"/> Middle School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Middle School			<input type="checkbox"/> Middle School		YES
HIGH SCHOOL OVERNIGHT CAMP	\$625				<input type="checkbox"/> High School				YES
HORSE / EQUINE CAMP (Limited to 18 campers/week. 8 minimum. Entering Grades 5–12) *Girls ONLY	\$700	<input type="checkbox"/> Middle School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Elementary School, Grades 5th & 6th	<input type="checkbox"/> Middle School	<input type="checkbox"/> Elementary School, Grades 5th & 6th	NO

### Camp Carl Housing:

Every attempt will be made to honor cabin mate requests; however, you and your friend must mutually request each other. We reserve the right to split large groups of more than five friends.

NAME(S) OF CABIN OR YURT MATE (only 2):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

### Camp Carl SAGATUC

Login to your Camp Carl account once registered to choose a SAGATUC! (Seriously Awesome Group Activity That U Choose)

**Overnight Campers** get to slide across West Branch in a tube, tackle indoor and outdoor climbing elements, swim in a pool, climb and tumble on lake inflatables, ride any of our 40 horses, hike through our unique creek, attempt to hit a target with a bow and arrow, along with tons of other surprises.

#### Here’s What You Get:

- ▶ 6 Days, 5 Nights
- ▶ 15 meals included
- ▶ 10 Small Group Sessions to nurture spiritual growth
- ▶ 40 hours of fun other activities (Zipline, Horseback Riding, Archery, Swimming, Paddle Boarding, Tubing, and more!)
- ▶ 6:1 Camper to Counselor ratio
- ▶ Camp Carl T-Shirt
- ▶ 4 evening friendly competitions designed to blend challenge, adventure, and fun
- ▶ 5 evening worship sessions where campers will hear about Jesus Christ’s forgiveness and love in a relevant, age-appropriate way

Visit [CampCarl.life](http://CampCarl.life) for more information.