

**Parental Medical Release Form  
For Participation in all Camp Meribah Activities  
Please fill this out in ink**

Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Address----- \_\_\_\_\_

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

Telephone \_\_\_\_\_ School \_\_\_\_\_

Home Congregation \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

If nobody is at the above number, what are one or two other names and numbers to call?

\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number: \_\_\_\_\_

Member's Name \_\_\_\_\_

I hereby release the Camp Meribah Staff, including their paid and volunteer staff, from responsibility and liability for any injury or illness that my child may sustain during an activity at Camp Meribah. In the event of an emergency, I hereby authorize any x-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. The undersigned will be responsible for the cost of all medical treatment to the extent not covered under insurance.

I expect to be contacted as soon as possible.

Signature of Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

*\*To be completely secure, you might want to have this form notarized.*

*\*Please inform the church office of any changes that occur, such as allergies, medication, or other pertinent medical information.*

# Camp Meribah



For the **Son of Man**  
came not to be served  
but to **serve**, and  
to give his life as  
a ransom for many.  
Mark 10:45

July 10-14

# 2011

# Camp Meribah

## July 10-14, 2011

This session of **Camp Meribah** is a ministry of the Fernvale Church and the Washington Street Church. It is open to all students who are currently in grades 3-8 and open to student workers in grades 9-12 who have been approved by the camp directors. (See Worker Application)

A bus will leave for Camp Meribah from Washington Street Church of Christ at 1:00 PM. For those who want to drive their children to camp, registration will be from 3:00-400 PM in front of the Dining Hall at camp. Camp will conclude at 10 AM Thursday. The bus will return to the Washington Street Church of Christ at 1 PM Thursday, July 14th.

Camp Meribah's physical activities will include: various sports, running, swimming, hiking and other challenging physical activities. Children and teens of all physical abilities will be able to participate and the necessary steps will be taken to assure safety. There will be a swimming test required of everyone who attends camp. Those who cannot pass the swimming test will be able to participate, but will be required to remain in the shallow end of the pool during swim times.

### Cost of Camp

**What To Bring To Camp:**

- Bible
- Clothes for 6-7 days
- Sleeping Bag or Bed Linens
- Pillow
- Toiletries & Towels
- DEODORANT
- Swim Suit -  
(1 piece or tankinis only)
- Water Shoes (for Creek)
- Flashlight & Rain Poncho
- Clothes that can get wet
- Athletic shoes (Not Sandals)
- Bug Spray & Sunscreen
- Flip-Flops (For Bathhouse)

Campers (leaving 3rd and up) **\$130**  
**\$135 after June 12, 2011**

All Adult and Approved Teen Workers: **\$50**  
(All workers must also fill out Worker Application)  
**50 % Deposit due with camp application**

**What Not To Bring To Camp:**

- Electronics (music players, game systems, dvd's etc.)
- Cell Phones,, Laser Pointers, Small Animals, Bad Attitudes, No Short-shorts or Spaghettis strap shirts ,Money, Food, Weapons, Fireworks, Illegal Substances. Anything that does not reflect Christ.

Mail or Bring Completed Application & Deposit to:  
Washington Street Church of Christ  
PO Box 324  
Fayetteville, TN 37334

# Camp Meribah Application

(Tear off this page and return with deposit)

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Congregation: \_\_\_\_\_

Camper's Age \_\_\_\_\_ Camper's Grade \_\_\_\_\_

Parent's Names \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Medications (must be turned into Camp Nurse @ registration)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

T-Shirt Size: S M L XL XXL (All Sizes Adult)

**(DO NOT FORGET TO COMPLETE MEDICAL RELEASE ON BACK)**