

OFFICE USE ONLY:

DEPOSIT: \_\_\_\_\_  
PAYMENT: \_\_\_\_\_DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_CK#: \_\_\_\_\_  
CK#: \_\_\_\_\_

REFUND: \_\_\_\_\_

# CAMP MARANATHA '26

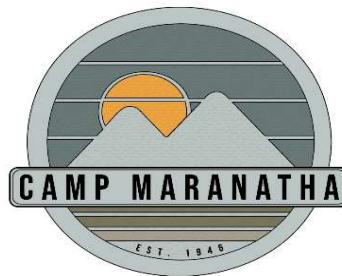
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Female  Male  Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_



Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Person Authorized to Pick up Camper: \_\_\_\_\_

If riding the church van please designate - CHURCH: \_\_\_\_\_

ALL PERSONS PICKING UP CAMPERS WILL BE REQUIRED TO SHOW A PHOTO I.D., NO EXCEPTIONS.

ALL CAMP FEES MUST BE PAID IN FULL BY June 1, 2026

PLEASE REGISTER YOUR STUDENT FOR THE APPROPRIATE AGE GROUP!

High School Camp: June 14 - 19 [grades: 9 - 12] CAMP FEE \$229

[**\$25 Canteen Card, T-shirt And Camp Picture included**]

Please include \$100 deposit with application. Balance due June 1, 2026

Middle School Camp Teen: June 22 - JUNE 27 [grades: 6 - 8] CAMP FEE \$229

[**\$25 Canteen Card, T-shirt And Camp Picture included**]

Please include \$100 deposit with application. Balance due June 1, 2026

Elementary Camp: June 29 - July 3 [grades: 1 - 5] CAMP FEE \$219

[**\$25 Canteen Card, T-shirt And Camp Picture included**]

Please include \$100 deposit with application. Balance due June 1, 2026

ALL CAMPERS REGISTERING DAY OF CAMP WILL PAY FULL FEE WITH NO T-SHIRT GUARANTEED.

PLEASE SIGN HERE IF FEES ARE TO BE

BILLED TO CHURCH: \_\_\_\_\_

REGISTRATION FEE MUST ACCOMPANY APPLICATION. YOU ARE NOT REGISTERED UNTIL WE RECEIVE THE DEPOSIT OR FULL REGISTRATION FEE. AFTER JUNE 1st A REFUND, MINUS DEPOSIT, WILL BE GIVEN IF THE DM OFFICE IS NOTIFIED TWO FULL WEEKS PRIOR TO CAMPER'S SCHEDULED CAMP. ALL REFUNDS WILL BE PROCESSED AFTER JULY 10, 2026.

Mail to: CAMP MARANATHA, 5847 OAK GROVE AVENUE, DUBLIN, VIRGINIA 24084

ROOM REQUEST: (Not Guaranteed) CIRCLE SHIRT SIZE: [SIZE NOT GUARANTEED] Youth:  LG  MED  SMAdult:  4XL  3XL  2XL  XL  LG  MED  SM

IN THE INTEREST OF OUR CAMPERS AND STAFF, CAMP MARANATHA WILL OBSERVE A MODIFIED CLOSED CAMPUS. THIS WILL INCLUDE ALL DAY & EVENING SERVICES. PARENTS, IF THERE IS AN EMERGENCY SITUATION AND YOU NEED TO VISIT YOUR CHILD, PLEASE NOTIFY THE CAMP OFFICE AT 540-674-5885 OR THE CAMP DIRECTOR AT 276-233-4742. ONCE YOU ARRIVE, CALL THE CAMP OFFICE AND STAY IN YOUR CAR UNTIL SOMEONE COMES TO GET YOU.

PLEASE DO NOT COME TO THE DORM.

## CAMPER CHECK-OUT

Signature: \_\_\_\_\_

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

Please Print Name: \_\_\_\_\_

Time: \_\_\_\_\_

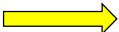
Worker's Signature: \_\_\_\_\_

I. D. Verified: \_\_\_\_\_

NOTES: \_\_\_\_\_

## Camp Maranatha 2026 MEDICAL INFORMATION and TREATMENT CONSENT FORM

In my absence I, \_\_\_\_\_, hereby authorize the Director of Camp Maranatha or his/her appointee to obtain medical treatment which may be deemed necessary for my child \_\_\_\_\_. Furthermore, I authorize the proper dispensing of my child's prescription/over-the-counter drug(s), if any, as listed on this application and/or attachments. **(Prescription/Over-the-Counter drugs must be presented in original container with dosage instructions.)** I also hereby authorize any physician called upon by the Director of Camp Maranatha, or his/her appointee, to render medical treatment that, in his/her judgment, may be necessary for the well-being of my child. I also hereby authorize the Camp Nurse to dispense over-the-counter medication (unless listed) to my child, as he/she deems necessary. **By signing this form, I declare that I have legal custodial right to do so.**

 **SIGNATURE REQUIRED:**

Relationship to Child: \_\_\_\_\_

Insurance and/or Government Program:	List Current Prescription or Over-the-Counter Drug(s):
Address:	_____
Subscriber I. D. or Contract #:	_____
Insurance Co. Phone #:	_____
Admission Precertification Phone #:	_____
Group Name (Employer):	_____
Group Number:	_____
Employer's Address:	_____
Employer's Phone #:	_____

List any medical conditions, disabilities/allergies:

Has, or is, your child being treated for any Mental Health issue or condition? **YES**  **NO**

Insurance Authorization: I authorize the release of any medical information necessary to process a claim for my dependent named in this Camp Maranatha Application. I authorize payment of medical benefits to the physician or supplier of service rendered to my dependent. I understand that I will be responsible for any balance due. **By signing this form, I declare that I have legal custodial authority to do so.**

 **SIGNATURE REQUIRED:**

Relationship to Child: \_\_\_\_\_

**IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE CAMP DIRECTOR IF A CAMPER'S MEDICAL HISTORY CHANGES PRIOR TO THEM COMING TO CAMP! NOTIFY THE CAMP DIRECTOR BY CALLING 540-674-4131 EXT. 201.**  
**IT IS THE PARENT'S RESPONSIBILITY TO CONFIRM RECEIPT OF INFORMATION.**

### ACTIVITY PERMISSION & RELEASE of INFORMATION FORM to be SIGNED by PARENT or GUARDIAN

The undersigned hereby and forever releases and discharges Camp Maranatha, the Appalachian Conference of the IPHC and its agencies, employees, officers and/or directors, of any and all liability of any nature which may arise while their child, \_\_\_\_\_, is a camper, as set forth in this application. The undersigned further covenants and agrees to never sue or file a claim against the aforesaid Camp Maranatha and/or the Appalachian Conference IPHC, its agencies, employees, officers and/or directors for any injury which may occur to said camper while he/she is involved in any of the activities of Camp Maranatha, which may include, but not be limited to, swimming, paintball, go carts, challenge course, climbing tower, zip line, archery, air rifles, inflatable games, etc., either on or off premises. By signing this application Parents/Guardians understand that there are risks associated with these activities, including, but not limited to, loss or damage to personal property, injury or fatality, and Camp Maranatha, nor will its staff or the Appalachian Conference IPHC be held liable in these cases as a result of camper participation. Furthermore, I give permission for my child to be transported and to attend, if any, off campus activities that might be planned. The camp has my permission to use any image of my child, alone or in a group, or any written material that he/she produces about camp for promotional purposes. **I UNDERSTAND RECORDING**

**CAMERAS ARE USED ON THE ENTRANCES AND EXITS OF THE DORM AND ANYONE COMING IN OR GOING OUT OF THE BUILDING**

**WILL BE VIDEOED. I ALSO HEREBY AUTHORIZE THAT IF MY CHILD IS CAUGHT IN VIOLATION OF ANY CAMP POLICY THAT THE CAMP DIRECTOR HAS THE RIGHT TO NOTIFY AND INFORM ME, THE PARENT, AND THE LOCAL PASTOR.** The Appalachian

Conference Discipleship Ministries has a strict NO CELL PHONE, IPHONE Watch, Personal WIFI device and NO BULLYING policy.

By signing this form, I declare that I have legal custodial right to do so.

 **SIGNATURE REQUIRED:**

Relationship to Child: \_\_\_\_\_

**HEAD LICE POLICY: ALL CAMPERS AND STAFF ARE CHECKED FOR HEAD LICE BEFORE THEY ARE ALLOWED TO CHECK IN! IF FOUND TO HAVE LICE OR NITS, THEY WILL BE SENT HOME AND CANNOT RETURN. 1/2 TOTAL CAMP FEE WILL BE REIMBURSED.**